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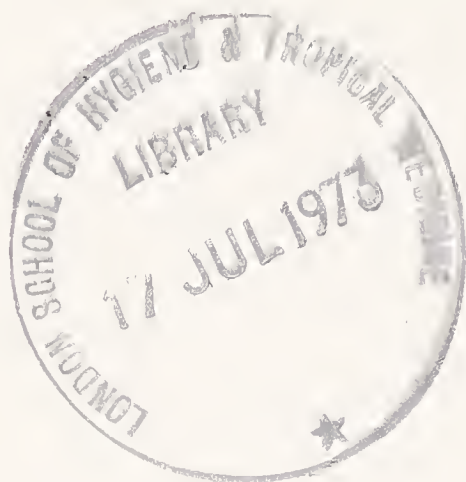
HEALTH AND SOCIAL SERVICES
OF THE
CITY AND COUNTY OF

NEWCASTLE UPON TYNE



REPORT OF THE MEDICAL OFFICER OF HEALTH

78786





CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1968



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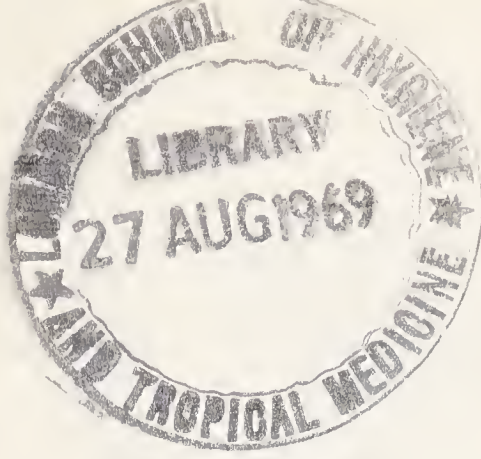
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HEALTH AND SOCIAL SERVICES COMMITTEE

(As at December, 1968)

Chairman:

ALDERMAN MALCOLM THOMPSON, M.D., F.R.C.P.

Vice-Chairman:

COUNCILLOR B. MCLEOD

Ald. Dame C. C. Scott,
D.B.E., J.P.

Coun. Mrs. R. McVain

Coun. J. H. Beecham, B.A.

Coun. D. Ramshaw

Coun. Mrs. A. A. Davison

Coun. S. Peddie

Coun. Mrs. V. H. Grantham

Coun. J. W. Thomlinson

Coun. Mrs. A. I. Telford

STAFF OF HEALTH AND SOCIAL SERVICES DEPARTMENT

(As at 31st December, 1968)

Medical and Dental Staff:

Medical Officer of Health and Principal School Medical Officer:

R. C. M. PEARSON, Q.H.P., M.D., F.R.C.P.(Ed.), D.P.H.

Principal Medical Officers

D. L. WILSON, M.B., Ch.B., D.P.H., D.T.M. & H.

W. B. SHAW, M.B., B.S., D.P.H.

Senior Medical Officer (General)

G. HAMILTON WHALLEY, M.B., B.S., B.Hy., D.P.H., D.M.A., F.C.C.S.

Child Welfare Medical Officer:

Shirley M. Livingston, M.B., B.S.

9 General Practitioners attend Clinics on a sessional basis

Senior Medical Officer (Geriatrics):

Joyce F. Grant, M.R.C.S., L.R.C.P. (*Part-Time*)

Assistant Medical Officer (*Part-Time*):

L. Lombard, M.B., B.S., D.P.H.

Assistant Medical Officers of Health and School Medical Officers

B. Buckley, M.B., Ch.B.

H. C. W. Carpenter, M.B., B.S., D.P.H.,

H. M. Dixon, M.D.

J. H. Hindmarsh, M.B., B.S., D.P.H.

K. Matthews, M.B., B.S., D.P.H. (Left 23.6.68)

M. M. Szekely, M.B., B.Ch., D.P.H. (*Part-Time*)
(Commenced 1.12.68)

J. L. Thomas, M.B., B.S., D.P.H.

W. M. Waggott, M.B., B.Ch. (*Part-Time*)
(Commenced 1.12.68)

M. Y. Walls, M.B., B.S., D.P.H.

E. M. Whyte, M.B., Ch.B. (Commenced 1.2.68)

Honorary Medical Officer
(in conjunction with the University of Newcastle upon Tyne)
 J. H. Walker, M.D., D.P.H.

Senior School Medical Officer (*Education Committee*):
 H. S. K. Sainsbury, M.R.C.S., L.R.C.P.

Principal Dental Officer (*in conjunction with Education Committee*):
 J. C. Brown, M.R.C.S., L.R.C.P., L.D.S.
 1 Anaesthetist (*sessional*)

Consultant Psychiatrist:
(in conjunction with Regional Hospital Board):
 Peter Morgan, B.Sc., M.B., B.S., D.P.M.

Chest Physicians (*in conjunction with Regional Hospital Board*):
 J. R. Lauckner, M.B., M.R.C.P. (LOND.), F.R.F.P.S.
 P. O. Leggatt, M.D., M.R.C.P.
 E. A. Spriggs, D.M., M.R.C.P.
 C. Verity, B.Sc., M.D., D.P.H.

Adviser in Obstetrics
(in conjunction with the Regional Hospital Board):
 Linton M. Snaith, M.D., F.R.C.S., F.R.C.O.G.

Adviser in Paediatrics
(in conjunction with University Department of Child Health):
 F. J. W. Miller, M.D., F.R.C.P., D.C.H.

Adviser in Mental Health
(in conjunction with the Regional Hospital Board):
 J. P. Child, B.M., M.R.C.P., D.P.M.

Adviser in Geriatrics
(in conjunction with the Regional Hospital Board):
 M. R. P. Hall, B.M., B.Ch., M.R.C.P.

Nursing and Allied Staffs:

Chief Nursing Officer:
 Miss F. E. Hunt, S.R.N., S.R.F.N., S.C.M., H.V. & P.H.N.A. CERTS.

Superintendent Health Visitor and Deputy Chief Nursing Officer:

Miss A. Y. Sanderson, S.R.N., S.C.M., H.V. & H.V.T. CERTS.

46 Health Visitors, 5 Assistant Nurses, 6 Students,

1 Immigrant Liaison Officer,

12 Clerks, 2 Shorthand Typists

Non-Medical Supervisor of Midwives:

Miss L. E. Stott, S.R.N., S.C.M., M.T.D.

Assistant Supervisor, 22 Midwives, 12 Pupils, 1 Clerk

District Nursing Superintendent:

Miss R. M. Lovett, R.G.N., S.C.M., Q.N., H.V. & D.N.T. CERTS.

(Left 31.8.68)

Miss F. M. Onyon, S.R.N., S.C.M., Q.I.D.N., H.V. CERT.

(Acting—Commenced 1.9.68)

Assistant Superintendent, 45 District Nurses, (10 Male, 35 Female),

7 Assistant Nurses, 14 Bath Orderlies, 2 Clerks

Home Help Organiser:

Mrs. I. E. Moulton

Assistant Organiser, 3 Area Organisers, 4 Area Assistants, 5 Clerks

561 Home Helps (full and part-time)

Day Nurseries:

5 Nurseries with Matrons, Nurses, etc., 1 Clerk

4 Play Therapists (part-time)

Welfare Foods Distribution Supervisor:

Miss D. C. Brown

10 Assistants (6 part-time)

Other Staffs:

Vaccination and Immunisation—4 Clerks

Invalid Equipment—1 Clerk

1 Dental Technician (*in conjunction with Education Committee*)

Public Health Inspector's Staff:

Chief Public Health Inspector:

L. Mair, F.R.S.H., F.A.P.H.I.

Deputy Chief Public Health Inspector:

A. P. Robinson, M.R.S.H., M.A.P.H.I.

3 Divisional Inspectors, 7 Senior Inspectors, 8 Inspectors, 7 Tech-

nical Assistants, 5 Authorised Meat Inspectors, 9 Pupil Inspectors,

8 Rodent Operators, 1 Smoke Investigator, 2 General Assistants,

1 Senior Administrative Assistant, 1 Administrative Assistant, 8

Clerks

*SOCIAL SERVICES STAFF:**Community Care:*

Principal Social Worker:

Miss O. S. Holliday, A.A.P.S.W.

4 Area Social Workers

14 Social Workers

3 Home Teachers for Blind

7 Welfare Assistants

Social and Occupation Centre:

1 Supervisor:

2 Craft Instructors

Residential Care:

Chief Welfare Officer:

H. Craig

14 Residential Homes each with Superintendents, Matrons and other staff

2 Psychiatric Hostels with Wardens, Deputy Wardens and Domestic Staff

Administrative Staff:

1 Senior Administrative Assistant

2 Administrative Staff

14 Clerical Staff

Mental Health Staff:

Training Centres

1 Manager

1 Deputy Manager

2 Centre Supervisors, 1 Senior Craft Instructor, 10 Craft Instructors,

3 Assistant Supervisors, 10 Teachers, 5 Trainees, 1 Nurse,

2 Clerk/Typists

Ambulance Staff:

Chief Ambulance Officer:

H. M. Roberts, M.B.E., F.I.A.O.

26 Administrative, Supervisory and Clerical Staff, 128 Operative Staff (Drivers, Attendants, Maintenance Staff, etc.),

General Administration—Staff:

Principal Administrative Assistant:

E. A. Moore, M.R.S.H.

Deputy Principal Administrative Assistant:

D. H. Macpherson, CERT, R.S.H. (Left 3.11.68)

1 Senior Administrative Assistant, 1 Administrative Assistant

12 Clerks, 4 Typists

To the Lord Mayor, Aldermen and Councillors of the Newcastle upon Tyne City Council,

MY LORD MAYOR, LADIES AND GENTLEMEN,

It is my pleasure to present to you my thirteenth and last Annual Report, the ninety-sixth in the series of Annual Reports of the Medical Officer of Health of this City. Looking back on my period of service in Newcastle upon Tyne it would seem that it has been a time of relatively rapid development and of expansion of the work of the Medical Officer of Health beyond the confines of the City which in itself has brought back to the department a considerable knowledge and experience of progress being made elsewhere.

While the introduction of sodium silicofluoride to the Newcastle and Gateshead Water supply towards the end of the year had been awaited for some time, the arrangements made for monitoring this service demanding as they did very close co-operation between four local health authorities and the Water Company, were highly successful. Geographical monitoring of this nature was an indication of just how much can be undertaken by a number of authorities working together. These are useful exercises out of which a number of smaller projects could develop so that health departments do not work so much in isolation these days as they used to.

New Service
in 1968

The Transport Authority invited the Health and Social Services Committee to become responsible for the issue of travel concession vouchers for handicapped and elderly people. This proved a very useful way of introducing a number of such people to the department, finding out whether they required other services and generally looking ahead to the time when they might need more detailed services. It has become part of preventive geriatrics.

For several years discussions have taken place with the Family Service Unit organisation in London to see whether a Unit could be established in the City. Finally this was achieved in August and the Unit started operations from a house in Wingrove Avenue under the guidance of Mr. G. F. Goossens as its Leader. In the early days a very carefully thought out plan was determined by the departments interested, discussed with Mr. Goossens and explained to the members of the staffs of the departments likely to be referring cases. Voluntary agencies of course, were also informed. The importance of these early discussions cannot be too strongly stressed, and here again is an instance of how departments can be brought together

to plan effectively, to discuss amicably and to operate intelligently an agreed type of co-ordinated service.

It has been very difficult to find suitable sites in the east end of the City on which to build homes for the elderly so that the opening of Ella McCambridge House in Walker in July was welcomed. In the immediate future further homes will be opened in the east end but there is still far too heavy a concentration in the west end of the City. This has all been brought about by the fact that it has only been possible in the past ten years to develop homes on land which has been slum cleared. The Development Plan includes at least one of these homes in each new neighbourhood centre. It has to be recognised that whilst the allocation of capital loan is a national problem the staffing etc., of such homes when built is local, not only in finding and training suitable staff but in the increased burden on departmental expenditure at a time when only a certain percentage increase is permissible. Dr. Joyce Grant draws attention to the increasing age and infirmity of the residents of most of the homes and there is clearly a need for a more liberal staffing policy although it is always good for the elderly people to manage by themselves or with some help for as long as possible.

Right at the end of the year came the promise of Urban Aid to a small number of authorities, of which Newcastle upon Tyne was one, where social problems indicated a more liberal capital allocation with some assistance in the running costs at a later date. Advantage was taken of this to make an earlier start on the combined clinic and day nursery in Armstrong Road and to find a site on which a centrally designed building to replace West Parade day nursery could be erected in the next year or two in much the same area. It should be noted that the site of the private day nursery in New Bridge Street will be required for road widening purposes within the next year or two, but despite offers of assistance the organising committee are not at the present time prepared to redevelop the service elsewhere. This is to be regretted after many years of happy association between this voluntary body and the City authorities.

Again, although not strictly a new service, the introduction of the National Health Service (Family Planning) Act 1967 in June expanded the reference with local authority support of mothers on medical grounds to mothers on medical and/or social grounds. It was recognised that this might well increase the references very considerably; by the end of the year this anticipation was found to

be correct. Before the implementation of the Act discussions took place with the Newcastle upon Tyne Branch of the Family Planning Association who act as agents for the local authority in providing both clinic and domiciliary services for City women. Lines of communication were more clearly defined, reference methods worked out and discussed with general practitioners, records reviewed and generally a closer link established. If the desire for family planning is real and lasting then success in spacing children can be achieved but whatever procedure is adopted it has to be pursued without a break throughout the reproductive years. This is not a difficult matter for the more intelligent and co-operative woman (and their husbands) but there are some who find it quite impossible to attend clinics regularly and it is for them that the domiciliary service with a persistent drive behind it can be so effective.

New services should not be established without adequate investigation and preparation. Some of the pioneering work of voluntary organisations in the past has been done by having an idea, finding some money, recruiting some staff and getting on with the job. It is pleasing to note that the Council for the Care of the Elderly is investigating their situation extremely closely before putting in its services and is now trying to persuade a national organisation to make financial grants towards assessing the success of its ventures before expanding them into a city-wide service. It takes longer, but this is the right way to do it and the Council is to be commended.

During 1968 the same procedure was adopted whereby regular full reports on various services were submitted to the Health and Social Services Committee with the intention of developing the services in the following financial years. The production of such reports is a very useful exercise because it highlights the difficulties of the service, brings to notice the deficiencies and enables comparison to be made with services provided by other local authorities. Examples of such reports are to be found in Appendix V. Reference should be made to the report on the Home Help Service which includes a follow-up after the original investigation, and to the report on the Midwifery Service which, although it came into the early months of 1969, is really a follow-up of the 1968 report so for reference purposes is included with it.

How much the total environment in which the citizens of Newcastle upon Tyne live has changed in the last one hundred years! How different are the responsibilities of the Medical Officer of Health and

Planning
ahead

The
Environment

the staff of the Health Department today; but yet comparatively more remains to be done in a few densely populated centres in the country to bring them near the more favoured areas. Some national equalisation of financial help in all aspects including atmospheric pollution would seem to be needed.

The many human and social problems thrown up in Rye Hill are no sudden revelation but have been known for years. Are we sufficiently knowledgeable and prepared in order to guard adequately against recurrence elsewhere?

The Town Moor Festival plan for 1968 failed. There is only one satisfactory solution—stop the admission of all campers, except those officially connected with the Fair.

Vital
Statistics

The outstanding feature of an annual report is not usually a dramatic change in any of the vital statistics, but 1968 was an exception. After many years of looking for reasons why the infant mortality, neonatal mortality and stillbirth rates remained persistently higher than surrounding areas and quite a long way above the national figures, it is pleasing to note a marked fall and to trust it will be at least maintained and possibly continued. The significant part about the fall in the infant mortality rate is that it is in the younger age groups of children under one, so it has occurred despite the usual problems of bronchiolitis amongst the older children. It would be wise to wait for a year or two before trying to indicate with any certainty the reason for the satisfactory position but it is further remarkable, however, that it has occurred just at a time when a research project has been launched identical to the 1939 investigation into the reason for each infant death. Dr. F. J. W. Miller (who carried out the 1939 investigation) in conjunction with Dr. W. B. Shaw and Dr. E. M. Whyte in the Department are co-operating in this project.

Just for the record and because identification of these facts from the tables in the report may not be easy, the outstanding features of 1968 are:—

- a further fall in the birth rate from 15.37 to 14.90 per 1,000 population.
- a small fall in the percentage of illegitimate live births from 12.0 to 11.5
- a dramatic fall in the stillbirth rate from 18.28 to 13.25 per 1,000 live and stillbirths

a clear fall in the infant mortality rate from 24.05 to 20.83 per 1,000 live births

a definite fall in the neonatal (16.03 to 10.14), early neonatal (12.67 to 8.22 per 1,000 live births) and perinatal (30.72 to 21.36 per 1,000 live and stillbirths) mortality rates.

With the exception of the percentage of illegitimate births all these rates are the lowest ever recorded.

With the close working relationships between domiciliary mid- Clinic Services
wives and general practitioners, few women now attend the local authority's antenatal clinics. It would not be necessary to hold them at all if it were not for the fact that cytology investigations are carried out by the same medical officer on an appointment system.

The fall in the birth rate is clearly seen in the fall in child health clinic attendances. These attendances have been going up steadily for quite a number of years despite a steady fall in the birth rate, but that could not be expected to continue indefinitely. After all, in the past ten years, the number of children born in the City has fallen, by as many as 2,000 a year.

The Government Green Paper came out in July 1968 but did not Community
Health Services
receive a very warm welcome. The main point on which most authorities seemed to be agreed was that unified medical services were a vital necessity in future redeployment of services. It will be so much easier as the health centre services develop but it is still terribly difficult despite much encouragement from the Department of Health and Social Security to get agreement amongst general practitioners who may be interested, to link them up with the nursing services and finally to come to a suitable financial arrangement and then to build centres. A year or so ago it looked as if the demand was going to increase rapidly but it has not and there is still a long way to go. It is difficult to see how some authorities have been able to associate their nursing staff with general practices almost 100% whereas others have hardly got off the ground at all. There is no doubt that this type of association means longer travelling time, more job satisfaction but new work is uncovered, so that priorities have to be established. It would seem that authorities with a generous establishment of nursing staff, especially with combined or dual purpose nurses and a high proportion of car drivers, find it easier whereas those on the average level, and with three separate services (having also reduced their midwifery staff according to

need), like Newcastle upon Tyne, whilst pioneering the arrangement now find it difficult to get anywhere near a total cover.

Social Services

There is a revealing paragraph on page 78 which indicates the priorities established by the area teams of social workers and it clearly shows how much of their work has undoubtedly a medical content, therefore it is necessary to work closely with their medical colleagues in developing the services so needed by their clients. The type of case in the first three groups in the report stresses this and there are probably a number of medical problems that could arise in the last group.

Much was being achieved before the Seebohm Committee commenced its deliberations; the integrating process still gathers momentum. If legislation and subsequent action on a national scale divides medical and social work throughout the country, the goodwill etc., already established will be far more difficult to engender a second time. Naturally, trained staff are worried about their futures and the local government reorganisation predicted does not help, so firm central guidance in a short time would be of considerable assistance to them.

Mental Health Services

The opening of Sheriff Lees, the new Junior Training Centre, built on the lines of a primary school with special services for the more handicapped trainees marked a development long awaited. Details may be found in Appendix VI.

Residential Care

Trainees at this Centre are a changing population and it seems likely that the Centre will be adequate until boundary changes take place but much will depend on the survival of handicapped children in the early years to come.

The reprieve of Hermiston continues. It will eventually fall to the Coast Road widening. If all goes to plan, 1969 may see more than 100 new beds for residential care so it will not be such a tragedy to lose the 23 in Hermiston.

Infectious Disease

As recorded elsewhere in the report, apart from one outstanding event, little trouble occurred. Whilst strictly not an infectious disease but food poisoning of a toxic character, the mussel poisoning event of May 1968 drew attention to the readiness to meet emergencies which is part and parcel of the work of an active department and the power to adapt to circumstances has never been more clearly seen as when the consignment of mussels imported into the City on May 30th so very nearly brought about a number of tragedies. It says much for staff training by the way in which it was

possible to depend entirely (without detailed explanation) on so many members of the staff of the department to carry out their investigations and to report with undoubted speed and efficiency. Much of the success of the operation stemmed from the ready co-operation between surrounding authorities, ministries, university departments and, of course, the hospital service. No-one questioned decisions taken, all played their part and afterwards, although a unique occurrence, it seemed just like a routine exercise. The need for a regular monitoring service to note the possible arrival of 'red tide' in the early spring of each year so that suitable preventive action may be taken can be so very clearly seen.

The details of the event were written up in the 'Lancet' No. 7571, vol. II for 1968, pp. 767-772, but for record purposes an Appendix of the local authority side of the investigations etc. is included—Appendix IV.

Warnings have been issued regularly over recent years that immunisation and vaccination figures are too low for safety and it is just to be hoped that the importation of the actual disease will not be necessary to stimulate interest and the necessary action. Considerable faith is being placed in the computer attendance arrangements which according to the small number of general practices in which it has been tried out the mothers welcome it, the doctors prefer it and the numbers rise.

Dr. W. V. Macfarlane, who died in September, had been in charge of the Venereology Department at the Newcastle General Hospital for more than 20 years (having been a member of the Health Department staff prior to 1948). He had considerable success in developing the contact tracing service and with his flair for statistics always knew what was going on and was prepared to discuss preventive action with the community services at any time. Dr. A. S. Wigfield, who has written the report this year, is welcomed to the City and it is pleasing to note that he recognises the importance of contact tracing.

A few year's ago it was indicated that the level of tuberculin testing amongst schoolchildren who were not case contacts was not really of a sufficiently high level to ascertain the state of infection in the community and to offer protection for those leaving or about to leave school. Due to the very hard work put in by Miss A. C. Emerson and her school nursing staff the cover is now extremely satisfactory and it should be noted how few of the school population

have been infected with the tubercle organism in their early years of life—a clear indication that the infector pool must have decreased very materially indeed in the last ten years or so.

Ambulance Service

In various sections of the report it will be noted that “improvements would be possible in the service if more transport could be made available”. Services such as those for the physically handicapped have to be concentrated to be effective but this means that a great many of those who would wish to attend have to be brought daily to the Centre and taken home again. Unfortunately all Day Centres are open at the same time of the day, five days a week and demand transport at the same time which is uneconomical both in vehicles and manpower use. Staggering has been tried up to a point but its use is limited and the Centres are inadequately used. Some difficulty was experienced in reorganising the transport for the Dame Catherine Scott Centre where a number of the trainees are doubly handicapped and find crossing main roads dangerous. Community care for such people does not just mean suitable arrangements at home but a full and complete transport service so that they can use all the facilities wherever provided.

Chiropody Services

It has not been possible in the last year or two to continue the expansion of these services, consequently the length of time between visits to a chiropodist leaves the elderly in considerable difficulties between times. It has been possible, however, by a very careful working arrangement between the department and the various voluntary agencies to cover the City geographically but almost everywhere there is a long waiting period for new cases and too long between treatments. No great difficulty has been experienced in obtaining the services of chiropodists or finding premises, as the new clinics are equipped for the purpose.

Staff Training

It is a pleasure to record that after a number of years the training of nursery nurses has been resumed at the South East Northumberland Technical College. This should assist with the engagement of suitably trained day nursery staff.

The course for the training of district nurses was transferred from the Health and Social Services Department to the College of Commerce and Miss R. M. Lovett, Superintendent of District Nurses, moved across with it as its Senior Tutor. Miss Lovett is also about to be closely associated with the Course for the Diploma in Community Nursing organised by the Royal Victoria Infirmary and the College of Commerce. The development of a nursing section in

the College is an event that augers well for the future when perhaps all nurse training will take place in Colleges of Further Education, the practical side being arranged in hospitals or in the community. Who knows, this might be an early beginning in Newcastle upon Tyne.

One has only to become associated with the various groups of students from different courses receiving their practical experience in the social work section to recognise their enthusiasm and interest. This comes from a centralised training section. No doubt the same enthusiasm is there in the nursing services but not so easily discernable because the training is decentralised into clinic areas and is of a more individualistic character.

Surely the day cannot be so far away when student public health inspectors are seconded for specific full-time courses to regional training centres and then referred to "practical training departments" for this type of experience, eventually returning to their sending authorities fully qualified but still requiring a year or more of post diploma experience. This would bring them into line with other students training in the department.

It was with deep regret that the staff of the department heard of the death of their Chairman, Mrs. Ella McCambridge in March 1968. Both as Chairman and when in opposition, Mrs. McCambridge was a good friend to the staff, supported them fully and clearly understood the needs of the community and wanted services developed as quickly as possible. She is sadly missed. Appreciation

Mr. David Macpherson retired in November after 44 years in the department, many of them spent as Deputy Principal Administrative Assistant. In his latter years he made a very distinct contribution to the success of the Capital Development programme and put it on a firm footing so that with just the necessary amount of pressure as the years go by, success should be achieved.

Whilst it cannot be said that 1968 was a very unusual year the staff of the department welcomed the support that they have come to expect from the Chairman, Vice-Chairman and Members of the Health and Social Services Committee and were grateful for it.

In saying farewell to the department and a number of staff with whom I have worked throughout the past 12½ years, I cannot speak too highly of the skill and efficiency with which they carry out their numerous tasks, the interest they take in the personal side of their work, their keenness in training and re-training, their understanding

that priorities have to be established both on the service and financial side and that sometimes this cuts across personal loyalties and interests.

Naturally I have been in closer touch with the senior professional and administrative officers, to whom I record my sincere thanks to each one of them (I have mentioned no names but everyone knows who they are). I am aware that the demands I have placed upon the staff, the skill I have expected from them, may have sometimes seemed excessive. To the best of the ability of everyone the demands have been met so that considerable success has been achieved in the past ten years or so. There is no doubt at all that the department administers its services and spends its money with far greater efficiency than ever before and in its planning ahead has a clear understanding of the services that are needed for the wellbeing of the community.

The years ahead will be testing years but I am convinced that the staff will not falter in their desire to establish and maintain an efficient and personal service for the citizens of Newcastle upon Tyne.

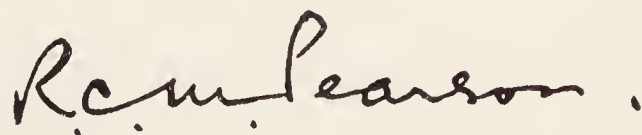
Conclusion

We still stand at the crossroads and wait for Local government reorganisation and the implementation of other reports. It does not encourage staff movement but it is an impetus to managerial training and the assessment of human needs. Then, given the clear go ahead, planning will not be so difficult and a further resurgence forward such as ten years ago could be repeated.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,



Medical Officer of Health.

*Health and Social Services Department,
Civic Centre,
Newcastle upon Tyne NE1 8PB.*

May 1969.

CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

**MORTALITY TABLES,
SOCIAL CONDITIONS, CLIMATOLOGY,
WATER SUPPLY, CREMATION, etc.**

VITAL STATISTICS

(Set out in the order laid down in Department of Health and Social
Security Circular 1/69)

Live Births	..	..	..	..	3,649
Live Births Rate (Crude)	..	..			14.90 per 1,000 population
Live Birth Rate (Corrected)		..			14.90 per 1,000 population
Illegitimate Live Births per cent of total Live Births	..	..			11.5
Stillbirths	..	..	..	..	49
Stillbirth Rate	..	..	..	..	13.25 per 1,000 live and stillbirths
Total Live and Stillbirths	..	..			3,698
Infant Deaths	..	..	..	..	76
Infant Mortality Rate—					
Total	..	..	..	..	20.83 per 1,000 live births
Legitimate only		..	..	..	20.12 per 1,000 legitimate live births
Illegitimate only	..	..	..	..	26.32 per 1,000 illegitimate live births
Neonatal Mortality Rate	..	..			10.14 per 1,000 total live births
Early Neonatal Mortality Rate		..			8.22 per 1,000 total live births
Perinatal Mortality Rate	..	..			21.36 per 1,000 total live and stillbirths
Maternal Deaths (including abortion)					—
Maternal Mortality Rate	..	..			0.00 per 1,000 live and stillbirths.

OTHER STATISTICS

Population 244, 880

Area 11,401 acres.

Deaths 3,216

Death Rate (Crude) 13.13 per 1,000 population

Death Rate (Corrected) .. 14.45 per 1,000 population

Tuberculosis Death Rates—

All Forms 0.069 per 1,000 population

Pulmonary 0.057 per 1,000 population

Non-Pulmonary 0.012 per 1,000 population

Cancer Death Rates—

All Forms 2.85 per 1,000 population

Lung and Bronchus 0.78 per 1,000 population

Other Sites 2.07 per 1,000 population

Marriage Rate 19.05 per 1,000 population

Inhabited Houses 83,873

Rateable Value £12,499,332

Product of 1d. Rate £50,417

GENERAL STATISTICS

Population

The population, as estimated by the Registrar General, was 244,880, a decrease of 6,770 since 1967.

Births

There were 3,649 live births recorded, representing a crude birth rate of 14.90 per 1,000 population, as compared with a rate of 15.37 in 1967.

The City birth rate—14.9 is for the second successive year the lowest ever recorded, and continues to fall more rapidly than the national rate, which for 1968 was 16.9.

In addition there were 49 stillbirths, representing a rate of 13.25, which is lower than the 1967 rate of 18.28. This rate is lower than the England and Wales rate—14.3.

LIVE BIRTHS				STILL BIRTHS		
Sex	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	1,684	208	1,892	18	4	22
Female	1,547	210	1,757	25	2	27
Totals	3,231	418	3,649	43	6	49

BIRTH RATE per 1,000 POPULATION

Year			England and Wales	Newcastle upon Tyne (corrected)	Northumberland (corrected)
1968	..	..	16.9	14.9	14.2
1967	..	..	17.2	15.4	14.8
1966	..	..	17.7	16.7	15.1
1965	..	..	18.1	17.3	16.3
1964	..	..	18.4	17.3	17.0
1963	..	..	18.2	17.8	17.3
1962	..	..	17.9	17.3	16.9
1961	..	..	17.6	17.6	16.4
1960	..	..	17.1	18.1	16.3
1959	..	..	16.5	18.6	16.9
1958	..	..	16.4	18.0	16.7
1957	..	..	16.1	17.4	16.5

Deaths

The net deaths amounted to 3,216 equivalent to a crude rate of 13.13 per 1,000 population, as compared with a rate of 11.96 for 1967. The death rate for England and Wales for 1967 was 11.9.

Infantile Mortality

Seventy-six infants died before completing the first year of life, representing a rate of 20.83 per 1,000 live births; last year the rate was 24.05. The England and Wales rate for 1968 was 18.0.

Of the 76 infant deaths, 37 occurred before attaining the age of one month, making a neo-natal mortality rate of 10.14 as compared with England and Wales rate of 12.3.

Only 30 children died before reaching the age of one week, and this figure together with the stillbirths gave a peri-natal mortality rate of 21.36 per 1,000 total births. This rate is lower than the 1967 rate of 30.72 and lower than the England and Wales rate of 25.0.

Maternal Mortality

No maternal deaths occurred in the City, there were three in 1967, when the maternal mortality rate was 0.762 per 1,000 live and stillbirths.

Tuberculosis

Seventeen persons died from various forms of tuberculosis during the year, 14 being pulmonary and three non-plumonary, giving death rates of 0.057 and 0.012 respectively, a total of 0.069 for all forms. The provisional national rate for all forms of tuberculosis is 0.043 per 1,000 population.

Marriages

2,333 marriages took place during the year, representing a marriage rate of 19.05 per 1,000 population, compared with 17.5 in 1967.

Street Accidents

During the year 2,613 street accidents occurred compared with 3,007 in 1967, and as a result 1,180 persons were injured and 27 died. The total included 260 accidents to children under 15 years of age, four of which were fatal.

	Under 5 years		5-9 yrs.		10-15 yrs.		Total	
	1967	1968	1967	1968	1967	1968	1967	1968
Killed ..	1	2	1	1	—	1	2	4
Injured ..	50	59	95	129	79	68	224	256

Cremation

During 1968, there were 3,538 cremations carried out in the City, 415 more than last year. Of the cremations performed, 1,798 were in respect of Newcastle residents, this figure being 50% of the total.

The percentage of City residents who died in 1967 and were cremated was 56.

The Medical Referee required 23 post-mortem examinations as compared with 20 in 1967, largely because of the time elapsing between death and the deceased being last seen by the doctor. Copies of the findings were sent to the doctors concerned. It was not found necessary to refuse authorisation of any cremation.

NATURAL AND SOCIAL CONDITIONS

Geology

The geological formation of the area consists of heavy clay on the top of hard sandstone, which overlies coal seams.

Climatology

The weather during 1968 was warmer but wetter than in the previous year. Hours of sunshine in the City averaged nine per month less and rainfall was 0.27 inches more than in 1967. June was the warmest month, December and February the coldest.

The following table includes the sunshine records taken at the Newcastle upon Tyne University, Cockle Park (Morpeth) and Hexham.

METEOROLOGICAL RECORDS 1968						
Month	SUNSHINE HOURS			RAINFALL AND TEMPERATURES		
	N'cle. Univer- sity	Hexham	Cockle Park	Jesmond Dene		
				Rainfall (inches)	Mean Max. Temp. °F.	Mean Min. Temp. °F.
January ..	41.9	31.30	45.0	1.22	47.9	37.0
February ..	64.2	58.30	70.2	2.45	40.5	30.5
March ..	93.6	103.30	110.2	1.89	50.6	37.2
April ..	131.0	152.15	168.6	1.90	57.2	37.7
May ..	82.1	103.15	123.0	1.58	53.9	40.5
June ..	167.4	184.30	235.3	2.07	69.9	49.1
July ..	107.4	N.A.	117.7	4.32	63.5	50.6
August ..	120.5	N.A.	122.1	2.50	60.3	51.4
September	114.7	87.85	86.3	3.21	62.4	47.4
October ..	76.0	69.00	73.8	2.78	59.6	47.5
November	23.2	23.75	20.6	2.94	47.6	40.3
December	31.0	20.25	26.2	3.50	42.0	33.7
Totals ..	1053.0	834.25	1199.0	30.36	—	—
Averages ..	87.7	83.40	99.9	2.53	54.6	45.2
1967 Averages	96.4	110.00	114.3	2.26	53.8	43.7

Water Supply

Details relating to the City's water supply are shown in the Chief Public Health Officer's section of this report (see page 177).

Fluoridation of Water Supply

Following agreement of the Council in December 1965 for the fluoridation of the City's water supply negotiations between neighbouring local authorities and the Newcastle and Gateshead Water Company, works were completed in December 1966 and fluoridation commenced on 7th October 1968.

Sewerage

There are 476.36 miles of sewers in the City, discharging directly into the River Tyne at various points along the 8½ miles of river frontage.

The Tyneside Joint Sewerage Board is working with a view to reducing pollution of the River Tyne estuary and adjacent sea beaches.

Cleansing and Scavenging

A weekly collection of refuse is made from all domestic premises, and twice weekly from certain business premises.

Social Conditions

The number of registered male and female unemployed at the beginning and end of the year is shown in the following table supplied by the Department of Employment and Productivity.

Date	Males	Females	Total
January, 1968	9,703	936	10,639
December, 1968	5,771	805	6,576

Inhabited Houses

There were 83,873 inhabited houses which, on the estimated population, showed an average of 2.9 persons per dwelling.

Rateable Value

A penny rate produced £50,417, the gross rateable value being £12,499,332 compared with £12,386,709. in 1967.

Vital Statistics of Whole City during 1968 and previous years

YEAR	Population estimated Mid-Year	LIVE BIRTHS			TOTAL DEATHS REGIST- ERED IN THE CITY	TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE CITY				
		Uncor- rected Number	Net			Number	of Non- resi- dents regis- tered in the City	of Resi- dents not reg- istered in the City	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	
1923	283,800	6,961	6,367	22.4	4,298	789	150	623	98	3,659	12.9	
1924	285,900	7,029	6,335	22.2	4,607	929	172	632	100	3,850	13.5	
1925	286,300	7,031	6,215	21.6	4,732	989	165	550	88	3,908	13.6	
1926	284,700	6,728	6,007	21.0	4,460	979	161	530	88	3,642	12.8	
1927	288,500	6,215	5,395	18.7	4,468	1,058	178	474	88	3,588	12.4	
1928	281,500	6,360	5,429	19.2*	4,683	1,178	179	447	82	3,684	13.1	
1929	283,400	6,120	5,126	18.1	5,040	1,313	172	438	85	3,899	13.8	
1930	283,400	6,190	5,223	18.4	4,665	1,232	133	384	74	3,566	12.6	
1931	283,600	6,058	5,056	17.8	4,911	1,251	145	467	92	3,805	13.4	
1932	285,100	6,006	4,883	17.1	4,579	1,174	134	370	76	3,539	12.4	
1933	286,500	5,770	4,712	16.4	4,695	1,182	127	359	76	3,640	12.7	
1934	287,050	5,848	4,695	16.4	4,823	1,322	145	389	83	3,646	12.7	
1935	292,700†	5,895	4,666	16.0	5,040	1,489	121	400	86	3,672	12.6	
1936	290,400	5,709	4,537	15.6	5,148	1,421	151	408	90	3,878	13.1	
1937	290,400	5,996	4,796	16.5	5,107	1,403	160	435	91	3,864	13.3	
1938	291,300	6,101	4,678	16.1	4,866	1,413	168	307	66	3,621	12.4	
1939	293,400	5,855	4,646	15.8	4,804	1,328	185	289	62	3,661	12.9§	
1940	255,900	5,501	4,519	17.6	4,727	1,181	187	284	64	3,733	14.6†	
1941	254,960	4,599	4,176	16.4	4,905	1,208	254	315	76	3,951	15.5§	
1942	254,100	4,686	4,289	16.9	4,398	1,140	222	255	59	3,480	13.7§	
1943	254,890	5,162	4,548	17.8	4,759	1,235	185	291	64	3,709	14.6§	
1944	262,920	6,799	5,359	20.4	4,585	1,298	221	270	50	3,508	13.3§	
1945	265,990	5,950	4,836	18.2	4,469	1,234	200	192	40	3,435	13.0§	
1946	283,740	8,219	6,079	21.4	4,569	1,242	188	249	41	3,515	12.4	
1947	290,470	8,512	6,449	22.2	4,726	1,190	211	286	44	3,747	12.9	
1948	293,600	7,414	5,705	19.4	4,504	1,215	186	217	38	3,475	11.8	
1949	294,540	6,916	5,377	18.3	4,740	1,215	232	213	39	3,757	12.7	
1950	294,800	6,473	5,051	17.1	4,720	1,110	315	170	34	3,925	13.3	
1951	291,700	6,053	4,803	16.5	4,535	976	341	166	34	3,900	13.4	
1952	289,800	5,982	4,792	16.5	4,099	1,012	337	140	29	3,424	11.8	
1953	289,700	6,313	4,922	17.1	4,040	1,018	137	132	27	3,159	10.9	
1954	286,500	5,984	4,852	16.9	4,076	1,041	196	124	25	3,231	11.3	
1955	281,000	5,910	4,705	16.7	4,285	1,053	245	158	33	3,477	12.4	
1956	277,100	6,256	4,913	17.7	4,068	1,056	267	121	25	3,279	11.8	
1957	275,100	6,506	4,998	18.2	4,299	1,186	281	116	23	3,394	12.3	
1958	272,400	6,778	5,069	18.6	4,221	1,115	302	126	25	3,408	12.5	
1959	271,100	6,601	5,201	19.2	4,228	1,256	304	139	27	3,276	12.1	
1960	268,970	6,409	5,029	18.7	4,365	1,258	297	134	27	3,403	12.7	
1961	267,230	6,152	4,840	18.1	4,236	1,236	281	118	24	3,281	12.3	
1962	267,090	6,102	4,767	17.8	4,349	1,377	259	106	22	3,330	12.5	
1963	263,360	5,987	4,700	17.8	4,406	1,329	253	105	22	3,413	13.0	
1964	260,750	5,602	4,516	17.3	4,151	1,215	240	113	25	3,176	12.2	
1965	257,460	5,661	4,456	17.3	4,521	1,402	271	112	25	3,390	13.2	
1966	253,780	5,072	4,239	16.7	4,266	1,695	274	106	25	3,100	12.2	
1967	251,650	5,173	3,867	15.4	4,075	1,366	300	93	24	3,009	12.0	
1968	244,880	5,937	3,649	14.9	4,297	1,357	288	76	21	3,216	13.1	

§Calculated on a population of 282,000.

*Civilians only.

†Rates calculated on a population of 291,025.

‡Death-rate calculated on a population of 283,200.

Causes of Death	Sex	All ages	under four weeks	Four weeks and under 1 year	AGE IN YEARS								
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over
Enteritis and Other Diarrhoeal Diseases ...	M	5	1	3	—	—	1	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—	—	—	—
Tuberculosis of Respiratory System	M	11	—	—	—	—	—	1	1	3	2	—	4
	F	3	—	—	—	—	—	—	—	1	—	1	1
Other Tuberculosis ...	M	2	—	—	—	—	—	—	—	—	1	1	—
	F	1	—	—	—	—	—	—	1	—	—	—	—
Meningococcal Infection ...	M	2	—	2	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	1	—	—
Other Infective & Parasitic Diseases	M	3	—	—	—	2	—	—	—	1	—	—	—
	F	1	—	—	—	—	—	1	—	—	—	—	—
Malignant Neoplasm—Stomach	M	50	—	—	—	—	—	—	—	7	11	16	16
	F	33	—	—	—	—	—	—	—	1	4	12	16
Malignant Neoplasm—Lung and Bronchus	M	160	—	—	—	—	—	—	2	24	51	64	19
	F	30	—	—	—	—	—	—	—	8	8	9	5
Malignant Neoplasm—Breast	M	1	—	—	—	—	1	—	—	—	1	—	—
	F	49	—	—	—	—	—	—	3	6	10	9	20
Malignant Neoplasm—Uterus	F	24	—	—	—	—	—	—	1	9	8	5	1
Leukaemia ...	M	8	—	—	2	—	—	—	—	2	2	1	1
	F	12	—	—	—	1	1	—	2	2	1	1	4
Other Malignant Neoplasms ...	M	185	—	—	—	—	1	2	7	15	47	64	49
	F	147	—	—	—	1	—	1	8	9	28	49	51
Benign and unspecified Neoplasms ...	M	4	—	—	—	—	—	—	2	—	1	1	—
	F	6	—	—	—	—	—	—	—	1	—	2	3
Diabetes Mellitus ...	M	15	—	—	—	—	—	—	1	—	4	6	4
	F	8	—	—	—	—	—	—	—	—	—	4	4
Avitaminoses etc. ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	1	—	—	—
Other Endocrine etc. Diseases ...	M	3	—	1	—	—	—	—	—	—	1	1	—
	F	3	—	—	—	—	—	—	—	—	1	1	1
Anaemias ...	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	4	—	—	—	—	—	—	—	—	—	1	3
Other Diseases of Blood etc. ...	M	1	—	—	—	1	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Mental Disorders	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	—	—	—	—	—	—	—	5
Meningitis ...	M	1	1	—	—	—	—	—	—	—	—	—	—
	F	1											

Causes of Death at different periods of life for 1968—continued

Causes of Death	Sex	All ages	Under four weeks	Four weeks and under 1 year	AGE IN YEARS								
					1–	5–	15–	25–	35–	45–	55–	65–	75 and over
Cerebrovascular Disease ...	M F	197 255	— —	— —	— —	— —	— 1	3 1	2 2	10 10	41 18	52 69	89 154
Other Diseases of Circulatory System	M F	59 83	— —	— —	— —	— —	— —	— 1	— —	4 2	6 8	21 11	25 61
Influenza ...	M F	5 7	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 1	2 6
Pneumonia ...	M F	81 92	1 —	— —	— 2	2 —	— —	— —	1 1	1 1	6 1	24 18	46 69
Bronchitis and Emphysema ...	M F	168 71	— —	— —	— —	— —	— —	— —	— 2	6 3	37 9	77 19	48 38
Asthma ...	M F	7 5	— —	— —	— —	— —	1 —	— —	1 —	— 1	2 1	3 1	— 2
Other Diseases of Respiratory System	M F	26 24	1 —	13 5	— —	— —	— —	— —	— —	1 1	4 3	3 2	4 13
Peptic Ulcer ...	M F	16 5	— —	— —	— —	— —	1 —	— —	2 —	— —	3 —	6 3	4 2
Appendicitis ...	M F	2 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	2 —	— —
Intestinal Obstruction & Hernia	M F	2 9	— —	— 1	— —	— —	— —	— —	— —	— —	— —	1 4	1 4
Cirrhosis of Liver	M F	10 12	— —	— —	— —	— —	— —	— 1	1 —	1 2	6 3	2 3	1 3
Other Diseases of Digestive System	M F	9 23	— —	— —	— —	— —	— —	— —	— 1	2 —	4 3	2 7	1 12
Nephritis and Nephrosis ...	M F	4 12	— —	— —	— —	— 1	— —	— —	— —	— 2	1 2	1 4	2 3
Hyperplasia of Prostate	M	5	—	—	—	—	—	—	—	—	—	2	3
Other Diseases of Genito-Urinary System	M F	12 12	— —	— —	— —	— —	1 —	— —	— —	2 1	— 1	2 4	7 6
Diseases of Skin	M F	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —
Diseases of Musculo-Skeletal System	M F	6 11	— —	— —	— —	— —	— —	— —	1 —	1 —	1 1	3 4	— 6
Congenital Abnormalities	M F	14 17	6 4	5 8	— 2	3 1	— —	— —	— —	— 1	— 1	— —	— —
Birth Injury, etc.	M F	6 7	6 7	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Other Causes of Perinatal Mortality	M F	4 4	4 4	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Ill Defined Conditions ...	M F	10 14	1 —	1 —	1 —	— —	1 —	1 —	— —	— —	— —	— 1	5 13
Motor Vehicle Accidents ...	M F	20 10	— —	— —	1 —	1 —	5 3	6 1	2 —	— —	— 1	2 2	3 3
All Other Accidents ...	M F	30 40	— —	— —	— 2	— —	2 —	2 —	3 1	2 —	4 1	4 3	13 33
Suicide ...	M F	20 21	— —	— —	— —	— —	— 2	2 —	4 5	7 2	5 6	1 3	1 3
Other External Causes...	M F	5 4	— 1	— —	— —	— —	— —	1 —	— —	2 1	1 —	— —	1 2
Total All Causes ...	M F	1683 1533	21 16	25 14	4 6	9 4	13 8	19 6	48 34	133 83	387 183	522 383	502 796

CANCER DEATHS AND DEATH RATES FROM 1941
AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION

RESPIRATORY ORGANS ONLY												
Total Number of Cancer Deaths	Death Rate per 1,000 Popula- tion	Males					Females					
		Under 25	25-44	45-64	Over 65	Total	Under 25	25-44	45-64	Over 65	Total	
1941	510	2.00	—	4	24	6	43	—	—	2	4	6
1942	510	2.01	—	5	33	12	50	1	2	7	6	16
1943	533	2.09	—	4	43	11	58	—	3	7	7	17
1944	519	1.97	—	3	30	19	52	—	1	4	4	9
1945	510	1.92	1	2	30	13	46	—	2	15	6	23
1946	538	1.90	1	5	37	19	62	—	—	12	5	17
1947	514	1.77	—	4	43	21	68	—	—	10	9	19
1948	590	2.01	—	7	56	22	85	—	1	7	9	17
1949	558	1.89	—	6	44	21	71	—	—	9	13	22
1950	644	2.18	—	3	55	34	92	—	—	10	7	17
1951	585	2.01	—	6	52	27	85	—	2	8	8	18
1952	614	2.12	5	5	58	30	98	—	1	10	10	21
1953	607	2.09	—	7	54	38	99	—	3	7	4	14
1954	554	1.93	—	6	74	28	108	—	1	4	11	16
1955	638	2.27	—	7	79	46	132	—	—	14	5	19
1956	591	2.13	—	4	61	46	111	—	2	8	6	16
1957	648	2.36	—	10	61	55	126	—	1	12	5	18
1958	666	2.44	—	6	77	59	142	—	3	13	11	27
1959	638	2.35	1	5	73	60	139	—	1	13	8	22
1960	671	2.49	—	7	96	67	170	—	1	7	18	26
1961	636	2.38	—	7	88	58	153	—	—	14	8	22
1962	681	2.55	—	7	102	71	180	—	3	9	13	25
1963	688	2.61	—	7	95	81	183	—	1	11	15	27
1964	656	2.52	—	2	102	68	172	1	3	17	20	41
1965	689	2.68	—	6	90	89	185	—	2	10	13	25
1966	607	2.39	—	6	86	55	147	—	1	11	13	25
1967	687	2.73	—	4	72	92	168	—	2	11	16	29
1968	699	2.85	—	2	75	83	160	—	—	16	14	30

COMPARABLE STATISTICS FOR NEWCASTLE UPON TYNE AND NEIGHBOURING AUTHORITIES 1968

	Newcastle upon Tyne	Gateshead	South Shields	Sunderland	Tynemouth	Northumberland	Durham
Registrar General's estimated population ..	244,880	100,560	107,210	219,710	72,790	504,690	823,370
Comparability factor :							
(a) Births	1.00	0.97	0.98	0.93	0.98	1.00	0.99
(b) Deaths	1.10	1.14	1.16	1.19	1.08	1.03	1.17
Crude birth rate per 1,000 population	14.90	15.9	15.5	17.39	16.02	14.21	16.15
Birth rate as adjusted by factor	14.90	15.42	15.19	16.17	15.70	14.21	15.98
Crude death rate per 1,000 population	13.13	11.7	12.7	11.31	12.20	12.70	11.53
Death rate as adjusted by factor	14.45	13.32	14.23	13.46	13.15	13.08	13.49
Illegitimate live births per cent. of total live births	11.5	9.3	9.2	7.7	9.61	5.8	5.7
Infant mortality rate per 1,000 live births ..	20.83	18.00	19.0	19.37	28.59	16.46	20.00
Neonatal mortality rate per 1,000 live births ..	10.14	11.87	10.8	12.6	18.20	11.57	13.15
Perinatal mortality rate per 1,000 total births ..	21.36	31.00	28.3	26.77	25.73	23.0	25.93
Stillbirth rate per 1,000 total births	13.25	21.00	19.0	16.73	10.30	13.62	14.96
Maternal mortality rate per 1,000 total births	—	—	—	0.26	—	—	0.52
Tuberculosis rates per 1,000 population:							
Primary Notification :							
(a) Respiratory	0.35	0.43	0.35	0.74	0.31	0.17	0.28
(b) Non-Respiratory	0.04	0.08	0.08	0.10	0.05	0.05	0.03
Deaths :							
(a) Respiratory	0.06	0.05	0.05	0.05	0.02	0.01	0.03
(b) Non-Respiratory	0.01	0.00	0.00	0.02	0.01	0.01	0.01
Death Rates per 1,000 population from :							
Cancer :							
all forms (including Leukaemia and Aleukaemia)	2.85	2.43	2.57	2.32	2.69	2.40	2.19
Lungs and Bronchus only	0.78	0.94	0.70	0.58	0.96	0.59	0.53
Meningococcal Infections	0.01	0.00	0.00	0.01	—	0.01	0.01
Whooping Cough	—	—	—	—	—	—	—
Influenza	0.05	0.28	0.00	0.05	0.02	0.09	0.06
Measles	—	—	—	0.00	—	0.00	—
Acute Poliomyelitis and Encephalitis	—	—	—	—	—	—	—
Diarrhoea (under two years)	0.02	0.00	—	0.01	0.01	0.00	0.01
Diarrhoea (under two years) per 1,000 live births	1.10	0.63	—	0.78	0.86	0.42	0.53

(— indicates no deaths).

II—NATIONAL HEALTH SERVICES ACTS

MATERNAL AND CHILD HEALTH AND NURSING SERVICES

*(Dr. S. M. Livingston, Child Welfare Medical Officer
and
Miss F. E. Hunt, Chief Nursing Officer)*

The number of births notified fell from 3,982 in 1967 to 3,707 in 1968, and of these only 411 were born at home. It is interesting to note that after a steady rise over the last few years in the number of illegitimate births, the number in 1968 was 418—only 90% of the 1967 figure. This is probably due to the wide use of 'the pill' and no doubt, to a certain extent, due to legalised abortions.

The picture with regard to infant deaths was a brighter one than in previous years. The actual number of deaths fell from 93 in 1967 to 76 in 1968, and the still-births fell from 72 to 49. The infant mortality rate was 20.8, the still-birth rate 13.2 and the perinatal mortality rate down to 21.4. These figures are better than they have ever been in Newcastle upon Tyne.

This has been a year of staff changes and economies. Neither makes for continuity or good administration in the nursing services.

There is an air of change in the nursing world of today, more opportunities, both national and international, provide the young nurse with a different career outlook. Nurses marry earlier, and with husbands also seeking promotion in their various jobs, tend to leave the north for other areas. From the economic point of view, this produces hardships for the rest of the staff who are left to cope with the situation.

After 21 years of the National Health Service and the Welfare State, there are very few families who are not fully aware of what can be asked for and supplied by the local health authority. These increasing demands need investigation, and consequently staff time is spent in trying to sort out the problems that have arisen. In addition, voluntary and statutory agencies must be contacted who may be able to help the family in any way necessary for their health and well-being.

As in previous years problem and potential problem families demand more staff time.

Finally there is an increasing demand for knowledge of local authority health services, from local, national and international

bodies, and Newcastle upon Tyne has for many years been prominent in providing this. Many students in training, as well as post-graduate students from various disciplines, are increasing in number. This is time-consuming and unless there is some increase in staff for this purpose, then in the very near future the number of students who seek this knowledge may have to be curtailed.

Towards the end of the year the Nurseries and Child Minders Regulation Act 1948 was amended to include anyone taking even one child into her own home for reward and more specific and detailed regulations were laid down for all child minders, whether looking after children in their own homes or in charge of playgroups in other premises. There has never appeared to be any problems in this City with unregistered people minding children, and as soon as the amendment was published people caring for one child came forward to register. The publicity given to the amendment seemed to trigger off a latent desire in many women to look after children, and there were many new enquiries from people wishing to set up playgroups. Although there had been really no difficulty in establishing reasonable standards among people registered under the Act, the amendment certainly has the advantage of strengthening the Local Authority's hand.

CONGENITAL MALFORMATIONS

(Dr. W. B. Shaw)

The voluntary notification of congenital malformations detectable at birth in newborn infants in England and Wales has been in operation since 1964.

The information received by the Medical Officer of Health is sent to the General Register Office for coding and processing. The value of such a system of notification is:

- (a) on a national level, detection of changes in incidence of congenital malformations can be noted.
- (b) So far as local arrangements are concerned, the system is of value in drawing attention to individual children whose future progress and care can be kept under review also in forecasting the number of children born who will later require specialised help in their future education and total care—for example spina bifida.

The following table gives a summary of the position in Newcastle upon Tyne for the years 1964-68 and the comparable figures for England and Wales for the years 1964-66.

The situation in Newcastle upon Tyne seems to be that between 1 and 1.5% of all births are notified as having a congenital abnormality present—observable at birth. This figure is slightly below national rates.

Congenital Malformations Notified, Newcastle upon Tyne

	1964	1965	1966	1967	1968
0. Central Nervous System	17	14	38	23	21
1. Eye, Ear	—	1	3	—	2
2. Alimentary System	6	19	8	11	5
3. Heart and Great Vessels	1	3	2	2	5
4. Respiratory System	1	4	3	2	—
5. Urogenital System	3	9	2	1	7
6. Limbs	18	23	14	12	19
7. Other Skeletal	—	—	1	—	2
8. Other Systems	1	7	3	1	3
9. Other Malformations	5	3	2	6	3
TOTAL DEFECTS	52	83	86	60	67
No. of Children with Defects	45	63	54	47	56
Total Births	4,516	4,456	4,239	3,939	3,707
No. of Children with Congenital Defects per 1,000 Live and Still Births	10.0	14.2	12.8	11.9	15.1
No. of Children with Congenital Defects per 1,000 Live and Still Births (England and Wales)	16.4	15.9	15.8	N.A.	N.A.

STATISTICAL INFORMATION

Births

Of the 3,707 City births notified 3,324 (89 %) occurred in hospitals, nursing homes, etc., as shown below.

	1968	1967
Hopedene Maternity Home	54	80
Princess Mary Maternity Hospital	652	722
Newcastle General Hospital	1,942	1,618
Hexham Hospital	44	145
The Green, Wallsend	381	481
Willington Quay Maternity Home	60	73
Preston Hospital, North Shields	134	153
Queen Elizabeth Hospital, Gateshead	7	11
Others	22	41
	3,296	3,324

ATTENDANCES AT LOCAL AUTHORITY ANTE-NATAL AND POST-NATAL CLINICS

(1)	Number of women who attended during the year (2)		Number of new patients who attended during the year (3)		Total Number of attendances made by women included in col. (2) during year (4)		Average sessional attendances (5)
	Ante-natal	Post-natal	Ante-natal	Post-natal	Ante-natal	Post-natal	Ante-natal
1968 ..	136	—	72	—	361	—	1
1967 ..	441	16	298	16	1,680	16	5

ATTENDANCES OF CHILDREN AT CHILD HEALTH CENTRES

(1)	No. of children who attended during the year (2)	No. of children who first attended centres during the year		No. of children in attendance at the end of the year		Total No. of attendances made by children included in col. (2) during the year		Average sessional attendances 0-5 years (9)
		Under 1 year (3)	Over 1 year (4)	Under 1 year (5)	Between the ages of 1 & 5 years (6)	Under 1 year (7)	Over 1 year (8)	
1968	10,238	2,978	388	2,734	6,752	36,162	22,184	33
1967	11,143	3,371	488	2,980	7,214	40,435	23,665	37

Reference for Consultant Advice

426 children were referred from child health clinics for specialist advice and treatment to:—

Newcastle General Hospital	..	..	..	132
Royal Victoria Infirmary	..	..	..	103
Fleming Memorial Hospital	..	..	..	17
Sanderson Orthopaedic Hospital	..	..	..	132
Hearing Assessment Clinic—City Road	..	..	..	21
Speech Therapy—City Road	..	..	..	20
Walkergate Hospital	..	..	..	1
Total	..	..	..	426

The number of “handicapped” children under review was made up as follows:—

Blind and partially sighted	..	..	..	2
Eye defects (squints)	..	..	..	195
Other eye defects	..	..	..	22
Deaf and partially deaf	..	..	..	12
Mentally backward	..	..	..	35
Epileptic	..	..	..	4
Spastic	..	..	..	8
Congenital defects	..	..	..	144
(including congenital heart, hare lip, cleft palate, spina bifida, meningocele etc.)				
Orthopaedic	..	..	..	73
Speech Defects	..	..	..	19
Eczema	..	..	..	15
Asthma	..	..	..	1
Other conditions	..	..	..	87
				617

Welfare Foods

The amount of national dried milk, cod liver oil, and vitamins distributed from the clinics was considerably less than in previous years, but the amount of proprietary foods sold to mothers at reduced cost was slightly greater than in 1967.

	National Dried Milk	Cod Liver Oil	Vitamin A & D Capsules	Orange Juice
Paid	35,630	2,752	2,317	43,304
Free	13,330	1,429	316	7,224
At 4/-d	2,655	—	—	—
Day Nurseries	56	269	—	651
Total	51,671	4,450	2,633	51,179

Cash Received: £8,131 3s. 2d.

The amount of cash taken for sales of proprietary foods was £8,415 13s. 5d.

Cervical Cytology

The number of cervical smears done at the two clinics was less than half that in 1967. 589 women attended, ten of whom were referred for further investigation. Of these ten, only one was under 35 years of age.

Attendances	589
Referrals for further investigation ..	10
Proved malignant	4
Still undergoing further investigation but not yet proved malignant ..	3

PLAY THERAPY AND CLINIC PLAY GROUPS

Staff

- One play group organiser (part-time).
- Three play group supervisors (part-time).

During 1968 the twelve play groups held in clinics during child welfare sessions and sewing classes continued to be well attended and appreciated by both health visitors and parents. In November the sewing class and attendant play group at Brinkburn Street Clinic were transferred to East End Clinic because of the greater demand for a sewing class at East End.

The two play therapy classes at East End and Blakelaw Clinics continued to give a service to mothers having children with behaviour problems. These play groups provide a friendly permissive atmosphere with an abundance of play materials to help children relax, gain new experiences and form relationships with other children, opportunities often denied them at home.

	Blakelaw	East End
No. of play therapy sessions ..	52	50
Cases continued from 1967 ..	11	11
New cases	10	15
Total attendance	366	593

DAY NURSERIES

From an analysis of the types of families using the day nurseries it is quite obvious that only high priority cases are offered places and without this service no doubt, many would be a much greater financial drain on the community. In well over half, the mother alone is supporting the family and about one third are recommended by health visitor, general practitioner or social worker, because of inability to cope with their children for one reason or another. Some of these are handicapped children and may be a real burden to their mothers who deserve some relief. Many of them are from problem families who will not shoulder their responsibilities and the home background is detrimental to both the physical and mental welfare of the child. Very few children obtain admission merely on financial grounds although this may be the commonest reason for application being made. Only the very lowest income groups can be considered and most other applicants giving financial reasons are discouraged when making application and it is in this way that the waiting lists are kept to a minimum. It is because so many of the children come from poor homes with irresponsible parents that the attendances are poor. During the summer months there was an outbreak of dysentery at Gosforth Street Nursery which depleted the numbers for some time.

Staffing has created problems as it is becoming more and more difficult to get people with nursery qualifications, but in September 1968, Northumberland Education Authority started nursery training at the South East Northumberland Technical College using Newcastle upon Tyne day nurseries along with other day nurseries and nursery schools in the area for the practical training. This should, in time, relieve the situation in the day nurseries as far as trained staff is concerned.

The tables set out below show how the nurseries are being used.

DAY NURSERIES

Nursery	Total Capacity	Children on Register 31.12.68	Children on Register during the year	No. of attendances		Total Attendances	Average daily Monday - Friday	Admissions during year	Discharges during the year	Casual users No. of ½ day attendances
				0-2 yrs	2-5 yrs					
Willow Avenue...	50	42	93	2495	5625	8120	32	44	51	881
Renwick Street ...	50	45	105	2317	6292	8609	34	55	60	253
Woodland Cresc.	25	26	60	1162	3086	4248	17	36	34	992
West Parade ...	50	51	121	2330	7102	9432	37	65	70	645
Gosforth Street ...	50	43	96	1915	5882	7797	31	50	53	1013
Total ...	225	207	475	10219	27987	38206	151	250	268	3784

Figures below show the total number of children in the nurseries at the end of 1968 and the reasons for their admission.

Unmarried Mothers	..	..	46
Widows	..	..	6
Separated or Divorced	..	..	51
Mother ill	..	..	14
Father ill	..	..	2
Financial	..	..	14
Special Recommendations	..	..	67
Students	..	..	5
Teachers	..	..	2
			207

Waiting list at 31st December, 1968:

Renwick Street	..	..	..	..	..	1
West Parade	..	..	..	..	..	5

During the year 529 people came for interview. 342 places were offered, of which 250 were actually admitted. 268 were discharged and 230 individual children attended as casuals. Specially assessed cases during the year totalled 110, and of these 69 were discharged. At the end of December, 1968, 41 children were attending at special rates.

There were ten physically and mentally handicapped children attending the nurseries during the year, three of these being over five years of age.

There were children from immigrant families using the nurseries throughout the year and the number attending on 31st December was as follows:—

Willow Avenue	..	..	..	..	..	3
West Parade	..	..	..	..	..	1
Gosforth Street	..	..	..	..	..	2

Nursery and Child Minders Regulation Act, 1948

There has been a good deal written about day care of pre-school children over the past year, not only advocating more facilities (Yudkin Report), but greater supervision and better standards are required under the 1968 amendment to the Nurseries and Child Minders Regulation Act, 1948. It is perhaps fortunate that at a time when public money is not forthcoming for this purpose mothers have taken things into their own hands and are either setting up their own playgroups— many non-profit-making, or minding groups of children in their own homes. Although there were many registered child minders and playgroups before the amendment to the Act, there has been a steady increase in the numbers since. A few single handed minders of one or two children have now come within the new regulations. There have really been no difficulties with those already registered as standards of premises and staffing laid down by the Local Health Authority were very much the same as those incorporated in the Ministry regulations, and many of the minders had already had chest X-rays.

At the end of December, 1968, there were 17 child minders caring for 185 children, and 21 playgroups catering for 501 children. Three childminders and six playgroups offered full-time day care, the others part-time.

NURSING HOMES

There were three nursing homes registered in the City at the end of the year, providing four maternity beds and 70 beds for other cases.

All the nursing homes were visited by medical and nursing officers at least once during the year. The standards of all are reasonably good and they provide good care and attention for their patients.

IMMUNOLOGY

There has been an all-round fall in the number of children immunised and vaccinated except in the case of measles where the number has doubled from 1,018 in 1967, to 2,099 in 1968. This latter figure however, includes 356 schoolchildren whereas no schoolchildren were immunised during 1967. The fall in the case of triple immunisation

and polio vaccination can really be explained by the fact that the programme was altered during 1968, and the courses were not completed until the end of the child's first year instead of at about six months as previously. Many of these children in the process of being immunised during 1968, will not be completed until 1969. Smallpox vaccination in the new programme is now a little later than it was previously which could account for the drop in numbers during 1968.

In April an appointment system, operated by computer, was started. This should, ultimately, raise the percentage of protected children as appointments are sent for all injections and vaccinations, but it remains to be seen whether automation is an advantage or not in this situation, which is dependant on so many human factors. There are many adjustments necessary which are not easily, and, in some cases, not satisfactorily made with the computer.

SMALLPOX VACCINATION

NUMBER OF INDIVIDUALS SUCCESSFULLY VACCINATED AGAINST SMALLPOX
1967 figures in brackets

	Under 1 year	1—4 years	5—14 years	Over 15 years	Total
<i>Clinics</i>					
Primary ..	20 (20)	893 (1300)	498 (653)	18 (22)	1429 (1995)
Re-vaccina- tions ..	—	10 (7)	825 (1063)	83 (163)	918 (1233)
<i>General Practitioners</i>					
Primary ..	77 (49)	459 (566)	61 (39)	199 (127)	796 (781)
Revaccina- tions ..	—	24 (17)	86 (68)	712 (539)	822 (624)
Total					
Primary ..	97 (69)	1352 (1866)	559 (692)	217 (149)	2225 (2776)
Revaccina- tions	—	34 (24)	911 (1131)	795 (702)	1740 (1857)

DIPHTHERIA IMMUNISATION

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY OR RE-IMMUNISATION DIVIDED INTO AGE GROUPS (1967 figures in brackets)

	Under 5 years	Over 5 years	Total
<i>Primary Immunisation</i>			
Clinics	1,282 (2,155)	1,428 (2,022)	2,710 (4,177)
General Practitioners ..	632 (884)	9 (23)	641 (907)
<i>Re-Immunisations</i>			
Clinics	1,507 (1,669)	2,661 (2,056)	4,168 (3,725)
General Practitioners ..	425 (515)	246 (194)	671 (709)
Totals			
Primary	1,914 (3,039)	1,437 (2,045)	3,351 (5,084)
Re-Immunisations ..	1,932 (2,184)	2,907 (2,250)	4,839 (4,434)

DIPHTHERIA IMMUNISATION

NUMBER OF CHILDREN UNDER 15 YEARS PROTECTED AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS ARE AS FOLLOWS

PRIMARY IMMUNISATIONS

Year	Diph-theria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diph-theria	Total Pertussis	Total Tetanus
1968	74	1,918	1,352	91	3,351	1,918	3,368
1967	19	2,926	2,139	19	5,084	2,926	5,084

RE-IMMUNISATIONS

Year	Diph-theria	Diphtheria Pertussis Tetanus	Diphtheria Tetanus	Tetanus	Total Diph-theria	Total Pertussis	Total Tetanus
1968	95	1,073	3,671	46	4,839	1,073	4,790
1967	18	1,346	3,066	91	4,430	1,346	4,503

NUMBER OF CHILDREN WHO HAVE BEEN
IMMUNISED AGAINST MEASLES

	Under 1 Year	1 Year and Under 5 Years	Over 5 Years	Total
Child Health Centres ..	226	992	13	1,231
School Clinics	—	—	356	356
General Practitioners ..	84	363	65	512
Total	310	1,355	434	2,099

NUMBER OF PERSONS INOCULATED AGAINST
OTHER DISEASES

	5-14 Years	15 years and over	Total
Typhoid Primary	55	40	95
Typhoid Boosters	97	—	97
Typhoid-Tetanus Primary	296	—	296
Typhoid-Tetanus Booster	499	—	499
Cholera Primary	—	4	4
Yellow Fever	233	1,390	1,623
Influenza (staff)	—	30	30

ORAL POLIOMYELITIS VACCINATION
NUMBER OF INDIVIDUALS WHO RECEIVED PRIMARY (THREE
DOSES) OR BOOSTER DOSE
(1967 figures in brackets)

Completed Primary Course (3 doses)	Under 5 Years	School Children	Age 16-24 Years	Age 25 Years and over	Total
Child Health Clinics ..	1,445	9	11	—	1,465 (2,232)
School Clinics	—	757	4	—	761 (704)
G.P. Surgeries ..	765	9	34	—	808 (868)
Medical room Civic Centre ..	—	—	8	7	15 (5)
Total	2,210	775	57	7	3,049 (3,789)
Booster Doses					
Child Health Centres ..	1,273	63	21	—	1,357 (1,762)
School Clinics	—	1,773	123	—	1,896 (1,821)
G.P. Surgeries ..	455	136	35	—	626 (451)
Medical Room Civic Centre ..	—	—	40	13	53 (202)
Total	1,728	1,972	219	13	3,932 (4,236)

**LOCAL AUTHORITY/GENERAL PRACTITIONER
LIAISON SCHEMES**

(*Dr. W. B. Shaw*)

	1962	1963	1964	1965	1966	1967	1968
No. H.V.s attached to G.P. ..	1	2	2	7	8	12	12
No. District Nurses attached to G.P. ..	—	—	1	6	11	15	14
No. Dom. Midwives attached to G.P. ..	—	—	—	—	1	1	1
% of staff involved in attachment schemes ..	0.7	1.5	2.3	10.2	15.3	23.3	22.7

During the year the rate of increase of attachment schemes shown over the previous three years was not maintained. The reasons for this were not any lack of interest on the part of the general practitioners but largely due to staff shortages and changes within the local authority.

Unfortunately several health visitors in attachment schemes resigned and the policy was to preserve existing attachments and fill resignations at the expense of initiating new attachments.

Increasing requests were received for attachment schemes to be operative across local authority boundaries—particularly into Northumberland and also for the services of district nurses to be made available within general practitioner surgeries and planned health centres. The Health Services and Public Health Act, 1968, gave permissive powers in both these respects, but the difficulty with regard to finance, staff and administrative problems mean a considerable amount of discussion and planning is necessary before either can be introduced.

However, the value to patient, general practitioner and local authority of attachment schemes is unquestionable in the vast majority of cases—despite the administrative problems, largely to the local authority and the ever recurring problems of staff and finance.

HEALTH CENTRES

During the year three health centre projects were at planning stage. These followed the increasing interest shown in purpose-built premises by general practitioners helped perhaps by:

- (a) Ministry of Health Circular 7/67
- (b) the discussions over the previous 2—3 years between officers of the local authority Health, Planning, and Estate and Property Departments, together with groups of general practitioners and the Clerk of the Executive Council.

In an urban area where a considerable amount of redevelopment is taking place and land is short, the local authority is in a key position to be able to:

- (i) explain future proposals with regard to clearance, road development, etc., and their effects upon individual general practitioners' premises.
- (ii) set aside sites in suitable areas for community health projects.

Of the three projects under review, two are in the east end of the City and one in the west.

East End Health Centres—discussions began early in the year to provide purpose-built health centre accommodation for six general practitioners in two practices in the Walker Re-development area. By the end of the year agreement had been reached with regard to the design and it is hoped that work will commence early in 1969. The second east end project is part of Shieldfield Health Centre Day Nursery complex, and again agreement as to its design has been reached.

The west end project, probably to be sited in Meldon Street, involves several general practitioners' practices and perhaps dental practitioners whose premises are in the relatively near future to be affected by development within this area. Initial steps had been taken by the end of the year and discussions with regard to design are proceeding.

MIDWIFERY

The reduction in the birthrate was reflected in the number of staff midwives during the year. By the end of the year, the staff consisted of two administrators and 22 practising midwives. There was one retirement.

Refresher Courses. Four midwives attended approved refresher courses and two attended a special parentcraft course.

Midwifery training. 35 student midwives completed their training during the year and all were successful in passing the final examination of the Central Midwives Board.

Premature Infants Born at Home

Live Births	..	25
Stillbirths	..	1
		—
Total	..	26
		==

Admitted to Hospital — 16. Nursed at Home — 9.

Of those nursed at home nine survived.

Hospital discharges needing the care of the Specialist Premature Infant Midwives—151.

Premature Infants Nursed at Home

Weight	Total	Survived 28 days	Died
Up to 2lb. 3oz.	—	—	—
2lb. 3oz. to 3lb. 4oz. ..	—	—	—
3lb. 4 oz. to 4lb. 6oz. ..	1	1	—
4lb. 6oz. to 4lb. 15oz. ..	—	—	—
4lb. 15oz. to 5lb. 8oz. ..	8	8	—
Total	9	9	—

SUMMARY OF MUNICIPAL MIDWIVES' WORK

	No. of ante- natal visits	No. of Clinic visits	NUMBER OF BIRTHS				No. of Nursings
			Doctor not Dr. Pres- ent at time of delivery	Booked Dr. not present at time of delivery	Doctor Dr. * present at time of delivery	Booked Dr. not present at time of delivery	
1968	8,568	3,011	2	14	76	319	35,248
1967	12,215	4,219	3	14	102	539	40,937

* Either booked doctor or another.

Early Discharges from Hospital

	1968	(1967)
0—3 days	668	(687)
4—6 days	484	(543)
Others	1,485	(1,454)
Totals	2,637	(2,684)

FAMILY PLANNING

(Dr. W. B. Shaw)

During 1968 the effects of the National Health Service (Family Planning) Act 1967 were felt. The number of patients referred for Family Planning advice for social reasons is shown in the table below. Included in these figures are patients who obtained advice by means of the Domiciliary Family Planning Service.

CASES REFERRED BY LOCAL AUTHORITY STAFF
FOR FAMILY PLANNING ADVICE

	Medical	Social
1966 ..	48	—
1967 ..	50	—
1968 ..	49	90

The Family Planning Association (Northumbria Branch) continued to carry out on an agency basis, the family planning work on behalf of the Newcastle Health and Social Services Committee. The additional clinic opened in February 1967 in the east end of the City in St. Anthony's Child Health Clinic was well attended.

It is quite possible that the improvement in infant mortality noted in the year was at least in part due to family planning measures available.

The following table gives more details of patients newly referred to St. Anthony's Clinic during the period 1st April, 1968—31st January, 1969 for advice and treatment through the domiciliary service.

Age Group Mother	No. of Children			
	Total No.	1—2	3—4	5+
21 and under	8	6	2	—
22—30	22	5	12	5
31—40	12	2	3	7
41+	—	—	—	—
	42	13	17	12

The 42 patients if put into the Registrar General's Classification by husband's occupation can be divided as:

Social Class I—II — Nil

III — 3

IV — 6

V — 33

The source of patients referred was:—

Health Visitor	—	36
Medical Officer	—	2
Other	—	4

HEALTH VISITING

As in other nursing sections this has been a year of changes. Five health visitors and three state registered nurses resigned and two health visitors and four state registered nurses were appointed.

It has also meant some re-appraisal of the work for which the staff are trained. Nowadays instead of thinking in terms of case loads one has to think of work loads.

Group Practice:—

The idea of attaching more nursing staff to group practice will mean re-organisation and additional staff. Geographically every health visitor's area, both group practice and otherwise, has increased considerably, and much more time is spent travelling. This increased travelling time naturally has repercussions upon the number of visits staff can pay to households. General practitioners who are becoming more aware of local authority nursing services are now asking for help in visiting geriatric patients. If the health visitor's time is spent on the older generation it naturally means that there is less time for her to attend to the younger members of the community, and especially those in the toddler stage. On the other hand, with the increasing number of geriatric members who also require to be visited it is hoped that additional state registered nurses may be attached to group practice.

Group Advisers:—

The work undertaken by the two group advisers was increased on the health education side. They were responsible for this important subject taking place in 11 schools and two special schools. In addition they gave talks to Townswomen's Guilds, Church Organisations, the Co-operative Movement and St. John's Ambulance. They were also instrumental in helping young people with the Duke of Edinburgh Awards.

Field Work Instructors:—

The five health visitors seconded to undertake practical training of health visitor students remains the same as in the previous year.

Mothers Clubs:—

These are still flourishing in various parts of the City and are much appreciated by the young mothers who attend them. They are held in the evening, and the responsibility for their smooth running lies with the health visitors attached to the clinics.

As in previous years health visitors sent in reports for housing, liaison committees and co-ordinating committees.

During the past year there has been an increasing demand upon the health visitor to persuade parents to register their babies before six weeks of age. It appears from the registrar that quite a number of parents are not observing this and the registrar asks for the help of health visitors before prosecution notices are sent out.

Refresher Courses:—

Five health visitors attended refresher courses for periods of from 10 to 14 days.

Diploma Students:—

This was the first year that the new experimental training course students received practical knowledge of community nursing. These young nurses were attached to district nurses and health visitors for certain periods to enable them to correlate hospital nurse training with that of care in the home.

Asian Liaison Officer:—

At the end of September the first Asian Liaison Officer left after a period of $3\frac{1}{4}$ years in the City. In October a second Asian Liaison Officer was appointed to carry on the work which had been undertaken by her predecessor.

The type of visiting undertaken by the liaison officer is varied.

During the year—

- 185 families were visited
- 286 home visits
- 120 visits to hospitals
- 45 visits to schools
- 84 visits to chest clinic

Wardens:—

This small but nevertheless valuable service provided by the four part-time wardens continued as before.

Regular visits to the isolated aged:—

	1968	1967
No. of cases	92	97
No. of visits	..5,437	5,137

Bath Orderlies:—

There was an increasing demand for orderlies during the last year. They provide a very welcome service for many people in this City.

	1968	1967
No. of cases	.. 921	779
No. of visits	..17,780	14,640

Home Visits paid by the Health Visitors were:

	1968	1967
Births and Children under 1 year	19,496	19,983
Children over 1 year	54,413	57,644
Infectious Diseases (other than T.B.)	415	158
Expectant Mothers	865	735
Aged Persons	15,747	15,613
Tuberculosis Cases	296	296
Tuberculosis Contacts	377	239
Hospital Cases	54	55
Special Visits	2,766	2,626
Housing Reports	199	126
Venereal Diseases—Contacts	171	260
Home Accidents	17	5
Sanitary Defects	23	31
Totals	94,839	97,771
No. of Households Visited	17,127	17,299

In addition to the total shown there were 20,583 ineffective visits compared with 20,731 in 1967.

Home Advisers

There is an establishment of four home advisers but for a year one was off work with an injury. This small band of women work with, and for, the difficult or 'problem' families and although their function is to teach the mothers to manage their homes and families, budget within their means and practice reasonable housewifery, in many cases families are taught all they are capable of learning within a few months and thereafter the home adviser assumes the roll of support. This may be the best that can be hoped for, but even

so, if the family can be kept 'ticking over' without getting into too much debt or being taken to Court and the children not suffering this can be looked on as an achievement of some degree.

In 1968 there were ten new cases brought up and it was agreed to to put a home adviser into nine of these. One of these families, however, would not accept a home adviser and in another case the mother was out working. So in fact there were seven new cases in 1968 where a home adviser was allocated.

There were twelve cases carried over into 1968 from previous years and another eleven cases from which the home adviser was withdrawn during the year. Of these eleven cases four improved enough to cope on their own, three were passed to the Children's Department, one being supervised by the probation officer, one passed to the Family Service Unit, one refused to have the home adviser any longer and in the other case the mother, though mentally subnormal was expected to be able to cope as the child started school.

No. of new cases	..	..	..	..	8
No. of cases carried over from 1961	..				1
No. of cases carried over from 1963	..				2
No. of cases carried over from 1966	..				5
No. of cases carried over from 1967	..				3
					19
No. of cases being assisted at the end of the year	..	..	..	..	17
No. of cases withdrawn during the year	..				11

DISTRICT NURSING

This has been a year of some change. First, several nurses retired or resigned, secondly, the district nurse training is now undertaken in an education establishment—The College of Commerce and thirdly, the Superintendent of the District Nursing service was transferred from the Health and Social Services Department to the College of Commerce to be responsible for the district nurse training.

Staff

There were six resignations and six appointments, leaving the staff at the end of the year 48 full-time nurses, two part-time nurses and two administrators.

Group Practice

There are now attachments in 14 group practices. This has played a part in the increase of the work of district nurses because of more co-operation between the doctors and district nursing services. In addition, surgical patients from hospital were discharged at an earlier date.

The total number of visits increased from 152,380 in 1967 to 158,853 in 1968.

Ancillary Services

Night sitters, dressing attendants and Marie Curie Memorial service members played an important part in the help given to patients.

Loan Equipment Service

This essential part of the district nursing service continues to be provided. The use of incontinent pads has increased.

Laundry Service

During 1968, 79 patients were provided with this much needed service.

Refresher Courses

Six district nurses attended refresher courses in various parts of the country for a period of one week.

Training

Six district nurses attended the two courses of district training and were successful in passing the examination and obtaining the National District Nursing Certificate.

DISTRICT NURSING VISITS

Disease	Cases brought forward from 1967	New Cases 1968						
		Total	Under 1 year	1-4 years	5-14 years	15-64 years	65-79 years	Over 80 years
Cardiac	113	216	—	—	1	42	99	74
Respiratory	62	233	1	3	11	79	82	57
Hemiplegia	93	262	—	—	—	51	138	73
Senility	83	265	—	—	—	—	86	179
Infectious Diseases ..	2	28	—	1	1	7	14	5
Tuberculosis	52	97	—	1	4	76	14	2
Diabetes	48	43	—	1	—	12	21	9
Accidents and other								
Violence	51	333	2	31	33	107	91	69
Carcinoma	76	294	—	1	—	124	122	37
Genito-Urinary	37	167	4	4	6	60	74	19
Gynaecological and								
Post Obstetric ..	44	241	—	—	—	217	20	4
Breast Abscesses ..	—	16	—	—	—	15	1	—
Stomach & Intestinal								
Complaints	91	695	4	4	17	381	198	91
Skin Infections	28	198	2	8	16	82	74	26
Varicose Ulcers	63	110	—	—	—	29	61	20
Rheumatism	83	97	—	—	—	19	40	38
Other Diseases	106	357	1	2	15	211	90	28
Anaemia	320	225	2	3	—	84	96	40
Diseases of Early								
Infancy	—	1	1	—	—	—	—	—
Normal Infants	—	1	1	—	—	—	—	—
Totals	1,352	3,879	18	59	104	1,596	1,321	771

<i>Cases referred by:</i>	<i>Number</i>
General Practitioners	3,219
Maternity and Child Welfare Department	4
Newcastle General Hospital	312
Royal Victoria Infirmary	266
Walker Gate Hospital	23
Fleming Memorial Hospital	5
Other Hospitals	50
Total cases	3,879
Total visits	158,853

REPORT ON THE MATERNITY AND CHILD WELFARE DENTAL SERVICE

(Dr. J. C. Brown)

Dental examinations and treatment for mothers and young children under school age was provided as in former years by the staff of the School Dental Service.

Although attendances during the year were more than 30% up on last year's figures it is disappointing that, despite every effort to bring the service to the notice of young mothers and to encourage them to use it for their children, only a limited use is being made of the facilities available.

It is felt that the provision of full treatment including dentures for mothers under the National Health Service has virtually put an end to mothers using the dental clinics, and it is evident from the figures below that the service exists nowadays almost solely for the children under school age.

However the substitution of mobile dental units for static clinics in the School Service over the next year or so, and the consequent concentration of the M. & C.W. Dental Service in the two new clinics about to be built at Shieldfield and Diana Street in the respective eastern and western sections of the City may improve prospects for the future, as treatment will be available at any time of the day in these new clinics for M. & C.W. patients as well as school children.

In conclusion it will be seen from the statistics below that there is an improvement on last years figures under nearly every heading, and it is expected that the increased efforts made by health visitors, dental staff and others concerned over the year to encourage mothers and young children to use the Dental Service will result in better attendances in the future.

Details of the work carried out for the year are given below.

DENTAL TREATMENT — NUMBER OF CASES

	No. of persons examined during the year (1)	No. of persons who commenced treatment during the year (2)	No. of courses of treatment com- pleted during the year (3)
Expectant and nursing mothers	104	97	40
Children aged under 5 and not eligible for school dental service	906	421	383

DENTAL TREATMENT PROVIDED

	Scal- ings & gum treat- ment	Fill- ings	Silver nitrate treat- ment	Crowns and inlays	Extrac- tions	Gen'l anaes- thetics	Dentures provided		Radio- graphs
	(1)	(2)	(3)	(4)	(5)	(6)	Full upper or lower (7)	Partial upper or lower (8)	(9)
Expectant and nursing mothers	17	69	1	—	212	26	12	7	—
Children aged under 5 yrs. and not elig- ible for school dental service	57	869	3	—	418	189	—	—	2

PROBLEMS OF CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

CENTRAL CO-ORDINATING COMMITTEE

During the year six meetings of the Committee were held under the Chairmanship of the Medical Officer of Health with the Children's Officer as Vice-Chairman and eleven new cases were brought forward for discussion. This is lower than in previous years but is due in the main to the reference of cases direct to the Area Co-ordinating Committees.

The East End Co-ordinating Committee commenced meeting in March and cases resident in the east end area were transferred from the Central Co-ordinating Committee list. In November the Diana Street Co-ordinating Committee was inaugurated, again with the transference of cases from the Central Committee's list, thus completing the coverage of the whole City, with the intention that in future new cases would be referred direct to the Area Committees and dealt with by them, but in any cases of difficulty or when advice was required, they could be referred to the Central Co-ordinating Committee for discussion and advice.

A branch of the Family Service Unit was established in the west end of the City during the year under the leadership of Mr. Guy Goossens. Mr. Goossens was invited to the meeting of the Central

Committee in September when he outlined the aims of the Unit and the type of cases he would be supervising. It was unanimously agreed that Mr. Goossens should be co-opted as a member of the Central Committee.

Discussions took place on a meeting that had been arranged with the North Eastern Electricity Board, which had been most helpful and agreement reached regarding disconnection machinery, payment of accounts by instalments, etc. Lines of communication were established which proved most successful. It was hoped that further meetings would be held to report on progress.

Following an initial meeting with the Medical Officer of Health and Children's Officer, much discussion took place during the latter half of the year on the future of the Central Co-ordinating Committee and agreement was reached that the Committee in future would not discuss individual cases, but rather matters of policy, national decisions, reports of interest, etc. The Committee would be smaller and would meet at quarterly intervals, leaving the discussion and supervision of individual cases entirely to the area committees under the chairmanship of a medical officer from the Health and Social Services Department or a senior child care officer from the Children's Department. In future years a report from each of the Area Committees: Atkinson Road, Blakelaw, Diana Street, East End, Kenton will be included in my Annual Report.

It is pleasing to report that meetings of the Committee continued to be well supported and the enthusiasm of members is recorded with delight. My thanks go to members for their loyal support and I look forward with enthusiasm to the unlimited scope of future discussions within the newly constituted Committee.

AMBULANCE SERVICE

(Mr. H. M. Roberts—Chief Ambulance Officer)

A summary of the patients carried and the miles travelled during the year under review is set out below with comparable figures for the previous year.

Year	City		Section 24 Other Authorities		Ancillary	Miscellaneous (includes Training Centre and Welfare)	
	Cases	Mileage	Cases	Mileage	Mileage	Cases	Mileage
1968	167,100	646,899	2,925	52,033	24,219	91,610	208,939
1967	161,548	643,525	3,289	54,573	27,069	101,239	243,596
Diff.	+5,552	+3,374	—364	—2,540	—2,850	—9,629	—34,657

Year	Total	
	Cases	Mileage
1968	261,635	932,090
1967	266,076	968,763
Diff.	—4,441	—36,673

Persons Carried

Overall there has been a fall of 4,441 persons carried by the service in 1968. This figure can be misleading as ambulance work as opposed to other transport demands has increased by 5,552 patients, and generally transport of this nature is more complex and demanding on man power and vehicles.

The overall drop in numbers is not accountable for by a reduction in demand, but is partly due to a lack of resources and to an interruption of service for a period of four weeks due to an industrial misunderstanding.

Mileage

The introduction of higher charges for transport provided to other divisions of the health service, brought about the cancellation of a contract with the Royal Victoria Infirmary for the transportation of nurses, this alone reduced the total mileage by approximately 32,000, and there has been a reduction in the number of journeys it has been possible to provide for the Welfare and Miscellaneous Services, and this coupled up with the reduction in ancillary or non-productive mileage accounts for the difference over last year's figures.

Co-ordination. (Other Authorities)

Liaison with other local authorities visiting the City remains satisfactory, and in most instances where there is a patient going any distance out of the City, this is carried by the ambulance of the authority where the patient resides. As the hospitals in the region develop their specialised services the number of persons involved in this particular function will reduce.

Welfare and Miscellaneous Transport

Although the table shows a reduction of 9,629 persons in this category this does not indicate that there is a reduction in the demand, and the reason for the drop in these figures has already been explained. Indeed during the year there has been an increasing demand for the provision of transport both for the Social Services and the Training Centres, which unfortunately it has not been possible to meet, the difficulty being the inflexibility of starting and finishing times and to provide staff and transport just for this purpose would be totally uneconomic.

A reassessment of the transport requirements for the Social Services is necessary as the type of persons requiring transport is changing. When the service was first provided it was generally understood that the mobility of the passenger was such that a normal type of vehicle met their need, and as a consequence, because of economics, the traditional type of multi-seater passenger vehicle was used.

Over the last four to five years this has changed and now the type of person needing transport is so physically handicapped that their need is comparable to the average medical hospital case, and as such requires the services of a two man crew and specialised vehicles.

Maintenance

Year	Overhauls 12,000 miles	Inspection 3,000 miles	Miscellan- eous Repairs	Rebuilt Components	Vehicle Repaints
1968	69	230	896	4	9
1967	56	250	779	6	10
Diff.	+13	—20	+117	—2	—1

At the end of 1968 there were 14 vehicles in daily use that were over seven years old and had completed an average of 150,000 miles per vehicle.

It is with this background that the efforts of the workshops must be measured, and it is unfortunate that so much time and effort must be spent in maintaining these vehicles in a roadworthy condition. As a result of this the other vehicles in the fleet are to some degree neglected in that it is not always possible to maintain servicing schedules.

The record of the workshop for the year measured against the number of vehicle breakdowns is excellent and indeed the majority of failures whilst on the road were due to punctures. This is not because of any defect in the tyre maintenance, but because of the increasing amount of broken glass left on the roadway, particularly within the housing estates.

Premises

The service has now completely settled into the Blenheim Street Headquarters and the advantages of purpose built premises are beginning to be appreciated, and although there are still a few contractor's problems to be put right the building is proving most satisfactory.

The reduction in the overall area of the Benton Road Depot by the letting of some of the grounds to the G.P.O. has not to any extent affected the efficiency of this depot which also provides accommodation for the Loan Equipment Section and the storage of welfare foods.

The management of this depot will improve when the necessary work is carried out to convert the existing cold storage area into a compound for the storage of furniture and the larger items of loan equipment.

As the service operates at all times, the Department have attached various services of other sections to the Blenheim Street Headquarters. The control acts as a post box for mental welfare officers and district nurses and maintains contact with the general practitioners on their behalf. Also accommodation has been provided for the incubator and premature baby cots, and a store of special items of loan equipment is kept for issuing outside normal working hours.

In conjunction with the Royal Victoria Infirmary and the New-

castle General Hospital the service has co-operated in the operating of a Mobile Coronary Emergency Unit. The vehicle is equipped to provide treatment for acute cases of coronary thrombosis before transportation to hospital. It is manned and maintained by the service and when deployed supports a medical team from one of the hospitals who accompany it on its journey.

The Skin Treatment Unit, the Fumigation Plant and the Laundry have during the year been kept in constant use, and it would appear that as the availability of these services becomes more widely known the demand increases.

Vehicles

1968 was a disappointing year with regard to the purchase of replacement vehicles, the finances available only made it possible to replace six and this number was only achieved by introducing an acceptable conversion of a standard light bus production model.

Staff

There has been one death during the year and 26 members of the staff have retired or left the service. The reason for those that have resigned appears to be the need to earn more money, and this seems to be a trend in other ambulance services. It is unfortunate that when earnings of ambulance personnel are compared with national average wages the results are unfavourable.

In some areas the basic wage of an ambulanceman is being supplemented by the introduction of planned overtime into his rota, this seems to be regrettable when consideration is given to the effort that was made to introduce the reduction of working hours. Nevertheless it may be necessary to consider it as a policy if the continuity of employment is to be retained.

The acceleration of the movement of staff puts greater emphasis on the need for initial training, and I am happy to report that considerable progress has been made in this sphere during the year, and by a joint effort of the authorities in the North East it is going to be possible to begin local training for ambulance personnel early in 1969.

To improve communications between management and staff a consultative committee within the service was started to provide the necessary machinery to keep the personnel informed of the developments within the service and alternatively to provide a channel to bring their views back to management.

The Medical Officer of Health has acted as chairman of this committee and the secretarial duties are carried out by an officer of the service and a member of the staff. The committee has been operating now for three months, and the results of its work are most gratifying and the communication at all levels has shown a remarkable change for the better.

First Aid

All staff should be qualified in this subject, and to achieve this it became necessary to organise first aid classes within the service; these have proved most successful.

Sickness

Compared to last year's figures, the 2,473 operational days lost is an increase of 592 and the administrative staff show an increase of 123 days over last years figure of 199. The loss of time through sickness is becoming a major concern, and indeed when added to the holiday entitlement provides a total of some 10% of staff away from duty throughout the year.

Safe Driving Awards

Sixty eight members of the driving staff qualified for the 1968 awards.

Accidents

There were 20 accidents that necessitated claiming on the Insurance Policy.

HEALTH EDUCATION

(Dr. D. L. Wilson)

Quarterly Campaigns

Each quarter a particular health education subject is chosen as the basis of health education activities exhibits in clinics etc., during that quarter.

<i>January—March</i>	Vision
<i>April—June</i>	Clean Food
<i>July—September</i>	Feet and Footwear
<i>October—December</i>	Mental Health.

Tyneside Summer Exhibition

The Health and Social Services Department tent carried an exhibit entitled "Feet First". Attractive displays showed abnorm-

alities of the foot and gave guidance on appropriate footwear. The film "Fifty-two Small Bones" was shown regularly during the exhibition.

Mental Health

A one day conference on Industry and the Mentally Handicapped held at the Dame Catherine Scott Centre and at St. Nicholas Hospital was well attended and received reasonable publicity. This resulted in a number of contracts for the Dame Catherine Scott Centre and offers of employment for ex-patients.

Drugs

Regular meetings were held between staff of the Health and Social Services Department, the Education Department and the City Police to exchange information on local problems and maintain suitable lines of communication. A number of talks accompanied by films were given to various audiences.

Other Meetings

A variety of talks are given by different members of the department to womens organisations, parent groups, youth groups, etc., on the activities of the department and on specific health education topics.

HOME SAFETY

(Dr. G. Hamilton Whalley)

The Health and Social Services Committee is associated with the Northumberland and Durham Area Home Safety Council, and makes an annual grant to the Royal Society for the Prevention of Accidents for Home Safety and Water Safety.

Publicity

1. Planned poster issues were supplied for display on 36 outside notice boards throughout the City which can accommodate 70 double crown posters, whilst the back of 13 school meals vans provide a mobile display for 39 more, giving a total of 109 posters.
2. Posters were also issued to City clinics, schools, colleges, and other Local Authority premises, and displayed at times in the Civic Centre. Message posters, emphasising points, are designed within the department.

3. Cards measuring 26 in. x 8 in. dealing with the main home accident risks, and water safety, are displayed in rotation inside Corporation Public Transport Vehicles, where their message reaches a large 'captive audience'. They are attractively illustrated, and were designed in the department. This is a valuable method of publicity.
4. Leaflet issues were mainly for clinics, schools, lecture audiences and students.

Talks

Home Safety talks with a cine film were given to voluntary organisations and as part of health education in comprehensive schools.

Campaign Subjects

- | | |
|----------------------|---|
| (a) January—March | Burns—Flame Proofed Garments
Oil Heaters—Gas—Electricity |
| (b) April—June | Falls
“Learn to Swim” |
| (c) July—September | Poisonous Plants and Fungi
Water Safety
Holiday Hazards and Accidents |
| (d) October—December | Burns and Scalds
Clothing—Fireguards—Oil Heaters
Firework Safety
“Buy for Safety”—Christmas Safety |

III—SOCIAL SERVICES

CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

(Dr. Joyce Grant)

Community Care

It is a pleasure to be able to report the steady development of voluntary services for the elderly, stimulated and integrated by the organiser of the Newcastle Council for the Care of the Elderly and including the help of the Young Volunteer Force associated with the Newcastle Council of Social Service. There is no doubt that the decision to embark on a door-to-door survey of the expressed needs of the elderly in Shieldfield and subsequently Jesmond, sets a standard for voluntary services which should receive widespread public support as the surveys extend to other parts of the City. It has distinct advantages over all other methods of contacting elderly persons in need of help and also locates willing helpers who had no idea of the problems almost on their doorsteps. The publication of a five-year plan of development of local services requested by residents sets a target which would seem to need only financial backing for its success. At a time when financial stringency is delaying many of the planned expansions in statutory services, gifts of time and money for the welfare of elderly citizens are of increased importance: the City is fortunate to have this voluntary help so completely organised and integrated. Hospital and Health and Social Services Departmental staff concerned with geriatric services endeavour to work closely with all voluntary workers and to meet groups as much as possible in order to improve mutual understanding of roles in the team.

A number of voluntary societies concerned with younger physically handicapped persons have been assessing un-met needs, particularly with regard to ease of access to public buildings. The Newcastle Council of Social Services has decided to set up a working party to investigate the functions of these societies with the hope that closer integration may lead to effective action in areas of un-met need. It would seem that occupation and transport may be the major problems to be tackled.

As far as the work of the department is concerned it has been necessary to make ever more careful assessments of requests for social services and a medical assessment has often been found

helpful if the applicant was not known to the hospital geriatric services. Medical rehabilitation of physical or mental ill-health is obviously to the benefit of the individual, who may thus be helped to greater independence, and subsequently may even be able to manage without the social service requested. Trying to help an individual with maximum use of a social service for what is basically a medical problem is illogical as has been stated in previous reports. The gradual extension over the last five years of the principle of social and medical assessment for the department's services has undoubtedly meant that a start has been made in what may be termed *preventive geriatrics*. This means that many elderly patients are now referred to the hospital services at a much earlier stage in their disabling diseases, so that hospital admission can often be avoided when out-patient care is adequate. For those needing admission, earlier referral means that the period in hospital will be shorter. Thus a more logical use of beds in residential homes and geriatric wards is possible when careful social and medical assessments are made.

Whilst it is not envisaged that the department will open public health 'screening' clinics for the elderly it is expected that some general practitioners, particularly those in group practice may decide to run special clinics in their surgeries where elderly patients, though apparently healthy, may come for a 'check-up'. The problem of transport for the housebound and the examination of patients who would not wish to attend the surgery may mean that the domiciliary visits by the department's staff and general practitioners, will have to continue for these two important groups. Certainly, it is amongst the second group—persons not very willing to accept help—that a high proportion of socio-medical crises arise. Time spent by the health visitors and social workers in trying to find acceptable means of help is always time well spent.

Residential Homes and Day Centres

The opening of the Ella McCambridge House in September, a purpose built home for forty, means the provision of beds in the department's homes rises to 13.8 per 1,000 persons over 65 (estimated from 1966 sample population census). The aim is to provide 18.1 beds per 1,000 by 1971.

A matter of continuing concern is the increasingly heavy burden of care placed on the staff of residential homes by the severe physical

and mental handicaps of residents. Some years ago, loneliness and old age alone may have been sufficient handicap to obtain admission to a home, but demand for places is now so high that vacancies cannot be offered unless maximum community services are unable to provide adequate care. It will therefore be understood that such persons whose mental impairment means that they cannot manage their medication alone, or that they need night supervision, or that they tend to fall or that their families cannot provide adequate care, even with help from the department, will be those considered as priorities for vacancies: in other words, residents are severely handicapped even on admission, and many deteriorate as they age. Naturally, hospital care is offered, when required, but the staffing ratio of the homes has not kept pace with the needs of the residents.

It will be seen from the waiting list for residential care that follows, that the need for places for women greatly exceeds that for men. It is the policy of the department that the majority of homes should be for both sexes, but the greater number of women that survive into old age means that the men in mixed homes are unfortunately considerably outnumbered by women.

Waiting List for Residential Care

December 31st, 1968

	MEN				WOMEN				Total
	-65	65-74	75-84	85 & over	-65	65-74	75-84	85 & over	
In own homes	5	13	14	3	3	10	34	17	99
In Private Homes	—	—	—	—	—	2	3	—	5
In hospital:									
Geriatric Unit									
Newcastle General Hosp	—	2	4	—	4	2	14	10	36
Wooley Hospital	—	—	1	3	—	1	13	7	25
St. Nicholas Hospital ..	3	9	3	—	4	11	13	3	46
Other	—	—	—	—	—	2	—	—	2
Total	8	24	22	6	11	28	77	37	213

Among the 99 persons living in their own homes ten (two men and eight women) urgently needed residential care. One

person living in a private home required urgent residential care (funds running out).

Seven persons living in their own homes (two men and five women) were awaiting supervised accommodation. Eight persons (three men and five women) in residential homes were awaiting supervised accommodation.

Day Centres

Ella McCambridge House has facilities for day visitors and it is hoped that transport may be available for housebound persons in the east of the City who would appreciate a visit there once a week. John Chapman House would then receive visitors from the west only rather than from the whole City as at present. James Clydesdale House has accommodation for the tenants of Deneside Flats adjacent to the home. Most other homes can offer hospitality to a limited number of nearby residents who do not depend on the ambulance service for transport. An opportunity to visit a day centre is offered to all persons waiting for residential care and is of undoubted benefit in providing company, warmth and good food; it may also benefit the relative on whom such persons depend for care, in providing regular relief.

When finances permit, the Newcastle Council for the Care of the Elderly is keen to develop its own day centre which would be central and open all day.

Co-ordination with General Practitioners

Visits for medical assessment are undertaken with the knowledge of the general practitioner and the future plan of medical and social care discussed with him. All referrals for hospital services are made by him, so that there can be no duplication of requests to the detriment and confusion of the patient.

A small group of general practitioners caring for residents of homes meet twice a year in the Civic Centre. The Consultants in geriatrics are present to discuss problems of mutual concern and interest.

Co-ordination with the Hospital Geriatric Services

In addition to the established pattern of co-operation between the department and the Newcastle General Hospital Geriatric Unit and its Day Hospital a similar liaison has developed also with the

Psycho-Geriatric Unit and its Day Hospital in St. Nicholas Hospital. A further development is the opening of a new Psycho-Geriatric Assessment Unit in Newcastle General Hospital at the end of the year, providing another valuable expansion in geriatric services the main purpose of this recent extension will be in the field of research under the guidance of Professor M. Roth. This again will help to bring some of the problems of ageing under earlier surveillance and will thus undoubtedly help to improve the services for the elderly in this City. Day hospital facilities are available where rehabilitation can be taught by the physiotherapist and occupational therapist in acts of daily living, since a flat equipped with all types of aids for the handicapped is provided in the Occupational Therapy Department.

Summary of Assessment Visits

Close co-ordination with hospital services means that few of the elderly receiving social services, who are under the active surveillance of the Geriatric or Psycho-Geriatric Units need visiting by a local authority medical officer. A summary of visits therefore represents but a small part of the work of these medical officers, since an increasing amount of time is spent in the Units and is given to discussion of problems with general practitioners and other hospital consultants, teaching and the development of voluntary services.

Summary of Assessments for Residential Care

	Men	Women	Total
In City Hospitals	41	77	118
In Own Homes	243	376	619
In Residential Homes	165	192	357
In Civic Centre	12	10	22
In Private Homes	—	2	2
Total	461	655	1,016

Future Developments

Some obvious deficiencies and gaps in services will have to wait until money can be found, but the following developments would seem to be possible.

(i) **Register of the Elderly**

The completion of this register held in the Information Bureau, would considerably improve intra-departmental efficiency and the speed of liaison with hospitals, general practitioners and voluntary agencies. Cross-checking between sections takes up unnecessary time.

Concessionary bus passes for pensioners are now issued in this department and a further source of contact with the elderly has thus been established which enables them to have information about how to obtain differing types of help if they come to need it.

(ii) **Register of the Physically Handicapped**

This voluntary register consists of some of the permanently and substantially handicapped persons who request help from the department and includes applicants for Disabled Drivers Car Badges. Fifty-six badges were issued this year, making a total of one hundred and eighty four.

It is hoped that when the new occupation centre is built in Shieldfield more handicapped persons will be offered facilities than has been previously possible. It seems that only a proportion of those that might benefit from attending the Centre are known to the department; hospitals and voluntary societies will be an obvious source of ascertainment.

(iii) **Training**

The need for pre and in-service training for all workers, statutory and voluntary, increases as the population at risk steadily rises. Competent assessment of needs and the ability to be able to find a solution to some of the complex socio-medical problems presented requires a wide knowledge of the care of the elderly. Roles of the workers in the team cannot be too rigid, some having to temporarily assume the responsibility of another when the problem is urgent. Though many professionals receive in-service training and give readily of their time, much more could be done to share their ideas and attitudes with lay members of the department's staff and voluntary workers.

(iv) **Research**

Work is being undertaken currently in the Geriatric Unit and the Psycho-Geriatric Unit in Newcastle General Hospital. This research is geared to the needs of the elderly who enter hospital for conditions

which could have been prevented. The frequency with which a diagnosis of malnutrition is made was referred to in last year's report.

It is possible that research into the wishes of elderly citizens in the areas being surveyed by the Newcastle Council for the Care of the Elderly will bring to light factors as yet unrecognised in community care, with consequent improvement in the quality of life for a section of the community that is not vociferous about its privations.

SOCIAL WORK

(Miss O. S. Holliday)

The change in the Social Work Section from a fragmented service to a unified one has justified the reorientation of both personnel and administrative procedures which it engendered and shows itself to have in some measure anticipated the recommendations of the Report of the Committee on Local Authorities and Allied Personal Social Services which was released in July, 1968.

It has been successful in presenting a more personal service in the City in that each team operating in an area has become more familiar with the needs of the area and identified with the aims and objects of the people within it. It is hoped that at some future date each team will be physically housed in their particular area thus fostering to an even greater extent a local service.

In order to cope with the increasing amount of professional administration, advisory and teaching duties, the establishment of two area social workers was increased to four at the beginning of the year, thus each multi-purpose team is headed by an area social worker under the Principal Social Worker.

The reorganisation of the Home Help Service into areas corresponding to those of the four social work teams has completed an administrative structure whereby the needs of the elderly in the community and families needing both ancillary services and social work help can be more effectively assessed.

Unfortunately, due to the national economy, social workers who left the department during the year have not been replaced and this shortage of staff has led to referrals being looked at in strictest priority. It has also led to an increasing reliance on voluntary bodies, on clubs and on ancillary services.

The social workers have continued to support various voluntary organisations acting in a consultative capacity when necessary and in this way are trying to meet the varying degrees of help and support needed in the community. It is to be regretted that such an adaptable department has not been able to develop as quickly as was foreseen in 1967 through lack of resources for the personal social services. It will be seen, however, by the following statistics that despite the shortage of staff, the actual contacts with the members of the community compare favourably with those of last year. Home visits paid were 14,795 and office interviews 3,364. Of these contacts:

4,579 were in connection with mental illness and subnormality.

4,553 with problems of the elderly.

3,769 with problems of physical handicap, including blindness and deafness.

2,672 with a variety of problems, such as family upsets, housing difficulties, illegitimacy and general social and health enquiries.

The establishment of workers in the section is 43 and at the end of the year the staff consisted of the Principal Social Worker, four area social workers, 20 social workers (three of whom are on training courses) and eight welfare assistants.

Training

Staff training continues to be one of the first priorities in this section and a very wide programme is followed. Care is taken that each individual staff member gains as wide an experience as possible of all types of cases; participates in group activities; becomes aware of the differing role of the social worker in various settings—clubs for psychiatrically ill—elderly—physically handicapped, etc.

Each member of staff is encouraged to participate in the supervision of both welfare assistants and students, taking seminars and giving talks and lectures to outside bodies, both voluntary and statutory, so that training of qualified staff is seen to be an ongoing process. The confidence and knowledge gained by the staff is therefore extremely valuable from a departmental point of view and leads to the commencement of many projects. For example, a social worker attends regularly at case conferences held by a firm of general practitioners in the City. Groups have been run for adult subnormals by staff members at the Training Centre. The staff have

also participated in the drive by Dr. Morgan and the Training Centre staff to help industry become aware of the problems of the sub-normal. Voluntary bodies continue to benefit by social workers holding seminars and acting in a consultative capacity. All these and other activities together with staff meetings, inter-team meetings, inter-departmental meetings, are part of the staff's professional development.

Student Training (Social Work)

During 1968 twenty-eight students from Colleges of Commerce and Universities have been placed with the department for purposes of field work training. A further five undergraduates spent a few weeks each with the department. Most of the students attained a great degree of integration with the social work teams. They were encouraged to take part in all agency activities and it is significant that many of these students have expressed a wish to join the staff of the department as and when vacancies occur.

Student Training (other disciplines)

The department continues to assist in the training of medical, nursing and administrative student and officer training for varying periods. This is felt to be valuable and reduce the ignorance of role and function between disciplines. This exchange in the long term leads to a speedier more co-ordinated service to the community.

REGISTRATION OF HANDICAPPED PERSONS

	BLIND REGISTER			DEAF REGISTER			Physically handicapped
	Total blind	Partially sighted	Deaf blind	Deaf without speech	Deaf with speech	Hard of hearing	
Under 5	—	—	—	—	—	—	—
5 and under 15	6	11	—	12	28	41	6
15 and under 65	212	84	10	134	42	52	660
65 and over	369	78	11	32	10	86	332
Totals	587	173	21	178	80	179	
	760			437			998
Totals 1967	631	158	26	175	74	163	
	789			422			953

Services for the Physically Handicapped (General Classes)

The number of registered handicapped persons has increased this year by 45 and the number registered at 31st December, 1968, was 998 made up as follows:—

Amputations	80
Arthritis and Rheumatism	174
Congenital Malformations and Deformities	57
Diseases of the Digestive and Genito-urinary Systems, Heart, Circulatory System, etc.	207
Injuries	88
Organic Nervous Diseases, Disseminated Sclerosis, Poliomyelitis, etc.	307
Neurosis, Psychoses, etc.	22
Tuberculosis (non-respiratory)	19
Tuberculosis (respiratory)	10
Diseases not specified above (Asthma, Diabetes, etc.)	34
	998

Adaptations and Provision of Facilities in the Homes of Handicapped Persons

Seventy three people had one or more adaptations installed in their homes details of which are given hereunder:—

Visible indicators for the deaf	11
Handrails	24
Toilet Aids	2
Bath Support Rails	22
Bath and Toilet Seats	5
Runways, ramps for wheelchairs and motorised vehicles	9
Downstair toilets	2
Special adaptations to a new house for severely handicapped couple	1
Installation of kidney machine	1
Other	6
Total	83

Car Badges for Disabled Drivers

Car badges were issued to 56 new cases making a total of 184 in use.

Concessionary Travel for Disabled Persons

405 concessionary travel permits were issued during the year making it possible for City residents who are unemployed and

substantially or permanently handicapped to use public transport at a reduced rate.

Registration of Blind and Partially Sighted Persons

Of the newly registered blind for the year, 68% were over sixty-five years of age. Similarly with partially sighted persons 58% were over sixty-five, giving in the total of 760 persons on the blind and partially sighted register 58% in this age group.

Registration of Deaf and Hard of Hearing Persons

Of the newly registered deaf for the year, none were over sixty-five years of age. Of hard of hearing persons, 44% were over sixty-five giving in the total of 437 persons on the deaf and hard of hearing register 29% in this age group.

Voluntary Organisations

As voluntary bodies continue to work out amongst themselves and in conjunction with social workers their own role in community care liaison and co-operation increases daily. These organisations are more secure in recognising that their contribution is of inestimable value to the community and they are able to tackle certain tasks which social workers are unable to undertake.

As a result of the unified service being operated in this department, each team knows intimately the voluntary organisations operating in their particular team area, with the result that there is a feeling of shared responsibility and mutual support.

Unmarried Mothers

The following table shows the age range of the 40 unmarried mothers for whom maintenance was arranged. (Corresponding figures for 1967 in brackets).

15 and Under	..	..	..	..	..	1	(3)
16—21	..	..	..	..	..	23	(42)
22—30	..	..	..	..	..	12	(13)
Over 30	..	..	..	..	..	4	(1)
						40	(59)

Convalescence

The following figures show the ages of the 181 patients for whom convalescence was arranged:

Age Group			Males	Females	Total
1—15..	..	..	7	7	14
16—20..	..	..	—	—	—
21—29..	..	..	—	5	5
30—39..	..	..	1	7	8
40—49..	..	..	6	7	13
50—59..	..	..	7	19	26
60+ ..	..	..	45	70	115
			66	115	181

RESIDENTIAL CARE

(*Mr. H. Craig*)

The demand for residential care continues, notwithstanding the extension of the community care services. Improved medical care is providing a longer expectation of life and the restricted expansion within the hospital service to meet the pressure on long stay places of necessity throws a greater burden on the local authority. The Committee is to be congratulated on its forward planning, but this is restricted by the financial implications of national economies. Nevertheless it is a pleasure to report that a new home was opened in the Walker area and named after the late Mrs. McCambridge who had a long association with the health and welfare functions of this City.

One cannot praise too highly the excellence of the conditions provided and the homely atmosphere that prevails in these homes. The introduction of other services such as meals on wheels, day visitors and luncheon clubs make them very lively centres—far removed from institutional conditions. It is now nationally recognised and recommended that these additional functions linked up with the residential homes certainly make a great impact on the community.

Of the 460 residents, 114 are over 82, the oldest being 97; 24 are blind; 180 physically handicapped, and eight epileptic. The frailty of many residents increases the strain on staff, and improvements, including the installation of lifts, have been introduced in the older adapted homes to ease this burden.

Admissions to residential care numbered 215; 32 were emergencies who subsequently returned to their own homes; 119 were admitted from hospital. There were 57 deaths and 68 residents were admitted to hospital.

The number of elderly and handicapped persons in residential accommodation at 31st December, 1968, was:—

	Males	Females	Total
Residential Homes	175	283	458 (419)
Church Army Home	3	—	3 (6)
Free Church Federal Council Eventide Home	—	11	11 (11)
City Residents in other Local Authority Homes	3	3	6 (5)
City Residents in Special Homes run by Voluntary Organisations	12	24	36 (37)
	193	321	514 (478)

(1967 figures in brackets)

The nine voluntary and private homes registered with the Local Authority provide 310 places and maintain the standard of accommodation and service required by the Committee.

The Little Sisters of the Poor have, for over 100 years operated at St. Joseph's Home, Westmorland Road, caring for 200 elderly and infirm of all denominations. They are entirely independant and have been of tremendous assistance to this Authority. They have now embarked on a £40,000 modernisation scheme reducing wards to single and double bedrooms, though unfortunately this improved accommodation will necessitate a loss of sixty bed places. This is regrettable but nevertheless they are to be congratulated on their scheme.

The Free Church Federal Council, operating in Western Avenue, have made excellent use of their spacious grounds by building an annexe which increases their accommodation from thirty to thirty-six. For such a programme this organisation is also worthy of our congratulations.

St. Abb's Holiday Home

At this Holiday Home 369 persons enjoyed a break during 1968 for periods of from two to fourteen weeks. This was set up to give relatives a break by providing holidays for the elderly, and has regrettably not been fully occupied throughout the year.

Temporary Accommodation for Persons as a result of storm damage, fire and flood

Eight fire incidents occurred where alternative accommodation was necessary. Two families were admitted to Lancefield House.

Storm damage affected seventy families but the Housing Department worked speedily and efficiently to make alternative accommodation immediately available.

Protection of Property

This service was called upon on seven occasions and additionally for fifty-nine cases after admission to residential care. In a further twelve cases assistance was given to relatives. There is a marked increase in the number of cases where, after admission to care, there is no responsible relative to carry out this requirement.

Burials

Forty-seven burials were arranged in accordance with the provisions of the National Assistance Act and a further twenty-four were arranged for relatives of persons dying in residential homes. In a further forty-nine cases, assistance and advice was given to relatives.

Staffing

The staff in the residential homes carry out their difficult duties in a manner which indicates their interest in the elderly residents. It is with considerable personal pleasure that this service is now nationally recognised any may benefit from the recommendations of the Committee chaired by Lady Williams. The kitchen staff, providing as they do a varied diet both for residents and for the meals on wheels and luncheon club services are to be congratulated on their work.

MEALS ON WHEELS AND LUNCHEON CLUBS

The meals on wheels service available to elderly and handicapped housebound persons fulfils a great need. Meals are produced in the kitchens of several residential homes and delivered by the ambulance service.

During 1968 an average of 1,424 meals were delivered each week amounting to 74,091 meals. In addition the W.R.V.S. provide meals twice a week to an average of 83 persons, a total of 8,559 meals.

Towards the end of the year the meals service covered 515 individuals receiving 1,464 meals, the make-up of the service being:—

No. of meals per week						Persons Served
1	..	..	..	..	..	54
2	..	..	..	..	..	193
3	..	..	..	..	..	114
4	..	..	..	..	..	42
5	..	..	..	..	..	38
6	..	..	..	..	..	24
7	..	..	..	..	..	50
						515

Certain luncheon clubs administered by voluntary bodies were supported financially and others were supplied with meals prepared in residential homes, 7,982 meals being provided during 1968. The residential homes also provide the W.R.V.S. with meals during school holidays when their supply of school meals is not available.

HOME HELP SERVICE

(Mrs. I. E. Moulton)

The Home Help Service was re-organised at the beginning of 1968 from three areas into four linked with the areas of the teams of social workers. An additional area organiser and an additional assistant were appointed to improve the supervision of the service. The visiting staff paid 16,695 home visits as compared with 13,625 in 1967.

Early in the year all those receiving home help were re-assessed into four groups from those who needed assistance only with heavy work requiring an average of two hours help a week to the most severely handicapped requiring assistance with all the house work, shopping and some preparation of meals needing up to ten hours help a week. The help being given to 98 persons was increased and for 677 persons needing less service it was reduced. As a result it was possible to provide a home help to more people. At the beginning of the year 2,460 persons were receiving help and this figure had risen to 2,616 persons at the end of the year. It also became possible to keep the waiting list of new cases to below ten, and to provide alternative home help for all the most needful cases whose own home helps were sick or on holiday. The average weekly waiting list of these two groups was 99.

During the year 3,609 cases were assisted as shown in the following table.

<i>Type of Case</i>	1964	1965	1966	1967	1968
Maternity	91	64	54	44	33
Short term	54	62	74	129	85
Under 65 long term ..	367	366	368	367	384
Over 65 long term..	2,426	2,514	2,699	2,802	3,044
Child Care	25	34	26	26	36
Cancer	21	12	13	12	20
Tuberculosis	11	20	14	15	7
	2,995	3,072	3,248	3,395	3,609

A week end service is provided for 30 bedfast patients who have no relatives in the neighbourhood who can assist. In 1967 eleven such cases were assisted. The number of hospital discharges needing immediate help increased to 603 during the year compared with 554 in 1967.

Special cleaning by two home helps was needed for 72 dirty homes compared with 46 in 1967. This unpleasant task is becoming more common and the home helps do an excellent job.

At the end of the year ten full time and 550 part-time home helps were employed. Part-time varies from 15-20 hours a week. During the year 149 home helps resigned and 159 were engaged. The weekly hours of service at the end of the year were 16,240.

SOCIAL AND OCCUPATION CENTRE

(Mrs. B. Urwin)

The centre has been moved for the second time into temporary but more adequate premises in Jubilee Road. Plans for the purpose built centre in Shieldfield are well advanced. The present centre is open five days a week from 10 a.m. to 4.30 p.m. to registered handicapped people in the City. A mid-day meal is available at a charge of 1/6d. There are 147 names on the Register, made up of 78 handicapped (22 in wheel chairs) 48 blind with 12 guides and nine deaf blind persons. Due to a reduction in ambulance transport non-mobile members can only attend once each week but with very little absenteeism the average weekly attendance is 130.

The crafts covered include basket, rush and willow work, chair caning, knitting, sewing, embroidery, patchwork, crocheting, tapestry, fabric painting, mosaics, weaving, woodwork, marquetry and the making of soft toys, rugs, candles and different types of jewellery. Evening classes were arranged for woodwork, dressmaking, weaving and typewriting but had to be cancelled through lack of transport.

In 1968 the sales amounted to £677. 1. 11d. of which £252. 4. 1d. was taken at the Tyneside Summer Exhibition. Class members have received £181. 11. 5d. incentive allowance. Articles made in the centre by the blind were on display at a garden fete at Blagdon Hall organized by the Royal Commonwealth Society for the Blind.

When not participating in craft work, members like to occupy themselves playing dominoes, draughts and bingo. There is a library and this year braille books have been included.

Outings were arranged to Gilsland, Morpeth and Seaburn. The social evening for deaf blind persons was cancelled through lack of transport. Parties were held at Christmas.

The centre has been visited by social work students, probation students and student and senior nurses.

CHIROPODY

(Dr. D. L. Wilson)

Prior to 1961 provision for chiropody was made entirely through the Women's Voluntary Service, the Council of Social Service, the Newcastle upon Tyne and the Heaton Rotary Clubs and the British Red Cross Society. In 1961 the first local authority clinic was established. Further clinics were established from 1962—1965 and the domiciliary service was started. This service is available to elderly and physically handicapped persons.

The Chiropody Service was maintained during the year with 11 weekly clinic sessions, staffed by part-time chiropodists. Ambulance transport is available to take patients as sitting cases to four of these sessions and for those who cannot attend in this way, domiciliary visits are provided. Chiropody is also provided for residents in residential homes.

An increased service to achieve more than four appointments per person per year has unfortunately not been possible and there remains a long waiting time for initial appointments.

Grants are made to the British Red Cross Society, Newcastle upon Tyne Council of Social Service and the Women's Royal Voluntary Service towards chiropody services provided by them.

The following table gives statistics of the service:—

CHIROPODY SERVICE (1967 figures in brackets)

	No. of sessions per week	No. of Patients			Total treatments
		Aged 65 yrs. and over	Others	Total	
Local Authority Clinics ..	11	1,083	167	1,250	4,201
Domiciliary Service ..	—	558	40	598	1,876
Voluntary Organisations—					
B.R.C.S.	2	212	—	212	652
Council of Social Service	*	432	—	432	1,297
W.R.V.S.	3	261	—	261	1,044
Totals—					
Local Authority ..	—	1,641	207	1,848	6,077
Voluntary Organisations	—	905	—	905	2,993
Residential Homes ..	—	341	28	369	991
Combined totals	—	2,887 (2,851)	235 (194)	3,122 (3,045)	10,061 (9,418)

* Surgery appointments.

HOUSING

(Dr. D. L. Wilson)

Medical Rehousing

During the year 2,570 cases were considered of whom 117 were granted priority and 194 being Corporation tenants were recommended for transfer. 133 priority cases were rehoused and 135 transfers took place.

Evictions

The Director of Housing has kindly provided the following information:—

Threats of eviction reported to Housing Dept.	419	(299)
Evictions prevented	116	(85)
Found own accommodation ..	113	(68)
Rehousing by Housing Dept.—		
Additional accommodation	56	
Estate houses	4	
	—	60 (63)
No further action necessary ..	53	(44)
Cases outstanding and under observation—no immediate threat of eviction	77	(39)
Total	419	(299)

(1967 figures in brackets)

Liaison

Regular liaison meetings took place between officers of the Housing and the Health and Social Services Departments which dealt with many topics of mutual concern.

MENTAL HEALTH SERVICES

(Dr. Peter Morgan)

The year has seen a number of important developments in the mental health services in the City.

The opening of the Sheriff Lees Centre highlighted the beginning of a new era for mentally retarded children, and is a tribute to the work of the teachers of the severely retarded, both trained and untrained, who, over the last decade have shown, by their skill, dedication and willingness to try new methods, that these children previously excluded by the 1944 Education Act as ineducable, are very much capable of education. This City has been fortunate in having such staff, and also in the way it has been possible to develop the service closely integrated with related specialists: the psychiatrists, social workers, pediatricians, educational psychologists, speech therapists and specialist nurses, all of whom have made a contribution. At the new centre this work will continue and for the multiply handicapped children there will be an added benefit of a Special Care Unit, jointly staffed with Northgate Hospital.

A new venture has been started in the care of those handicapped by mental illness, whereby five women who had been patients in St. Nicholas Hospital for many years, and were not capable of living in the community on their own, have been trained in domestic skills within the hospital and then placed, as a group, in a house provided for the Health and Social Services Department by the Housing Department, with regular supervision by the social work staff. To date this experiment in sheltered housing is going well.

Industry and the Mentally Handicapped was the theme of a campaign during the year, to encourage local industrialists to employ mentally handicapped persons and to place work in training centres and hospital industrial units. Talks were given to many voluntary organisations by social work staff, and a conference attended by 150, was held at the Dame Catherine Scott Centre and St. Nicholas Hospital. Excellent publicity was provided by the press and television,

and as a result a number of new contracts were obtained and persons placed in employment.

By the end of 1968, the Mental Health Act had been operational for eight years, so it seems an appropriate time to examine the City mental health services, and see to what extent they approach those envisaged by the Act.

There has been a considerable increase in the facilities provided by the Local Authority for the mentally disordered, in the form of two psychiatric hostels, two new training centres for the mentally subnormal, a psychiatric day centre for the mentally ill, an experiment in sheltered housing and two social clubs.

Co-operation with the hospital services has been excellent. The setting up of hospital out-patient clinics within both of the training centres, and the jointly staffed Special Care Unit, have considerably integrated the services for the mentally subnormal, but apart from the part time Consultant Psychiatrist, integration with hospital services for the mentally ill is still on an informal basis.

The hospital services have developed two psycho-geriatric assessment units and day hospitals, a mother and baby unit, and child psychiatry facilities have increased considerably, but there remains an absence of adolescent treatment units and units for alcoholics, both of which would meet a real community need.

During the period since the Mental Health Act, a consistent figure of 85% of all admissions to psychiatric hospitals in the City have been informal. At the same time the number of admissions and discharges to psychiatric hospitals for the mentally ill have increased by 25%, but the resident population of the long stay psychiatric hospital has decreased by 10%. Thus two aspects of the Act, namely informality of treatment and care in the community, have to some extent been achieved.

The majority of compulsory admissions to hospital have been under Section 25 of the Mental Health Act, with a patient being seen prior to admission by two medical practitioners. Thus contrary to what is happening in many parts of the country, there has been no abuse of this part of the Act in the City.

Referral of patients for care in the community has remained much the same and the chief source of referral, namely the hospital services, is unaltered. As was mentioned in last year's report, there has been a marked decrease in the number of chronic schizophrenic patients referred for after care. This trend is disquieting.

Examination of the admissions and discharges to the psychiatric hostels for the mentally ill, shows little change over the years, although recently there has been some decrease in the annual turnover. Summerhill Hostel, which opened in 1963, has since then had 268 admissions and each year about 40 persons are admitted and discharged, only a small proportion of whom return to hospital. Similarly Sunnycrest Hostel which opened in 1967, has had 87 admissions and again about 40 persons are admitted and discharged annually.

The Psychiatric Day Centre for the mentally ill opened at the end of 1964. After an initial turnover of patients by placement into industry, this has now settled to a static population who presumably need permanent sheltered work, which is the main purpose of the centre. There is a considerable demand for this type of centre in the community.

The teaching programme at the Junior Training Centre has developed considerably since the Act, and the number of places has been increased in the new centre to 140. The policy of persuading parents to send their children to the centre from three years of age, has proved correct. Attendances at the Adult Centre have increased by just over one third, and again the training provided has increased in diversity. The demand for places in Adult Training Centres still continues to grow each year.

Many of the changes envisaged in the Mental Health Act have become operational in this City. With new legislation in the air it would seem that there will be further integration of hospital, general practitioner and local authority mental health services, and certainly hospital plans for the future predict an increasing number of mentally disordered persons being cared for in the community and the run down of the long term mental hospital.

Outpatient Treatment (Mentally Subnormal)

		New Patients	Return Visits
Dame Catherine Scott Centre	..	37	140
Sheriff Lees Centre	.. ..	19	34
St. Thomas Clinic	.. ..	71	326
		127	500

Referrals

TABLE I

SOURCE OF REFERRAL						NO.
General Practitioner	..	..	..	..	..	79
Hospital In-Patients	..	..	..	..	..	107
Hospital Out-Patients	..	..	..	..	..	144
Local Education Authority	..	..	..	..	..	62
Police Courts	..	..	..	..	..	23
Others	..	..	..	..	..	108
TOTAL	..	..	..	..	..	523

TABLE II
AGE DISTRIBUTION OF REFERRALS

AGE	MALE	FEMALE	TOTAL
0 — 4	9	7	16
5 — 14	13	7	20
15 — 24	70	57	127
25 — 34	35	36	71
35 — 44	41	34	75
45 — 54	40	33	73
55 — 64	19	20	39
65 — 74	11	9	20
75 — 84	4	15	19
85 — 95	—	5	5
NOT KNOWN	26	32	58
TOTAL	268	255	523

TABLE III
DIAGNOSIS OF REFERRALS

DIAGNOSIS				MALE	FEMALE	TOTAL
Schizophrenia	..	..	..	81	54	135
Manic Depressive	..	..	..	28	47	75
Dementia	..	..	..	7	11	18
Delirium	..	..	..	3	7	10
Neurosis	..	..	..	27	22	49
Psychopathic Disorder	..	..	..	25	13	38
Subnormal	..	..	..	63	66	129
Severely Subnormal	..	..	..	20	5	25
Others	..	..	..	18	26	44
TOTAL	..	..	..	272	251	523

Community Care

TABLE IV

SOURCE OF REFERRAL OF CASES FOR COMMUNITY CARE

SOURCE OF REFERRAL	NO.
General Practitioner	12
Hospital I.P.	33
Hospital O.P.	66
Local Education Authority ..	60
Police, Courts, etc.	5
Others	51
TOTAL	227

TABLE V

AGE DISTRIBUTION OF CASES REFERRED FOR COMMUNITY CARE

AGE	MALE	FEMALE	TOTAL
0 — 4	7	7	14
5 — 14	6	3	9
15 — 24	45	29	74
25 — 34	12	9	21
35 — 44	14	11	25
45 — 54	12	10	22
55 — 64	5	4	9
65 — 74	2	3	5
75 — 84	3	6	9
85 — 94	—	—	—
NOT KNOWN	18	21	39
TOTAL	124	103	227

TABLE VI

DIAGNOSIS OF COMMUNITY CARE REFERRALS

DIAGNOSIS	MALE	FEMALE	TOTAL
Schizophrenia	22	8	30
Manic Depressive	6	11	17
Dementia	2	3	5
Delirium	1	1	2
Neurosis	18	13	31
Psychopathic Disorder ..	9	5	14
Subnormal	49	46	95
Severely Subnormal	9	3	12
Others	9	12	21
TOTAL	125	102	227

TABLE VII
NUMBER OF HOME VISITS BY SOCIAL WORKERS

1968	1967	1966	1965	1964
4,931	5,267	4,276	4,716	7,089

Admissions to Hospitals

Social Workers with Statutory Duties were concerned with 252 admissions to hospital as follows:—

TABLE VIII

MODE OF ADMISSION	NO.
Section 29	53
Section 25	87
Section 26	25
Section 60	7
Section 136	4
Informal	76
TOTAL	252

TABLE IX

HOSPITAL TO WHICH ADMITTED	NO.
St. Nicholas' Hospital ..	187
Newcastle General Hospital ..	14
Prudhoe and Monkton Hospital	2
Northgate & District Hospital	32
Other Hospitals	17
TOTAL	252

TABLE X

Admissions	St. Nicholas' Hospital		Newcastle Gen. Hospital		Total		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	
Informal ..	337	489	167	231	504	720	1,224
Section 29 ..	17	23	2	3	19	26	45
Section 25 ..	35	55	2	2	37	57	94
Section 26 ..	4	8	—	—	4	8	12
Section 30 ..	—	—	—	—	—	—	—
Section 60 ..	3	—	—	—	3	—	3
Section 136..	25	8	1	1	26	9	35
Total Admissions..	421	583	172	237	593	820	1,413
Discharges ..	360	515	163	223	523	738	1,261
Deaths ..	78	105	1	—	79	105	184

Outpatient Treatment (Mentally ill)

TABLE XI

	1968	1967	1966	1965	1964
General Practitioners ..	216	208	181	216	229
Follow-up of discharged Hospital Patients ..	135	152	130	110	98
Probation Officers ..	12	9	21	10	16
Children's Department ..	—	4	6	6	4
Social Workers	—	—	24	—	—

Community Care Clinic (Newcastle General Hospital)

New Patients	55
Return visits	469
Number of sessions ..	70

Hostel Accommodation

TABLE XII

	<i>Sunnycrest Hostel</i>	<i>Summerhill Hostel</i>
Admissions	32 (55) involving 30 persons	31 (41) involving 24 persons
Discharges	35 (34) involving 34 persons	19 (35) involving 16 persons
Returned to the com- munity	22 (34)	18 (26)
Returned to hospital ..	13 (6)	1 (8)
Death	— (—)	— (1)

(1967 figures in brackets)

Psychiatric Day Centre

Admissions = 1
Discharges = 2
Attendances = 5,633
Places provided = 34

Training Centres

TABLE XIII

	Junior	Adult	Total
Attendances ..	18,363 (20,231)	30,847 (30,098)	49,210 (50,329)
Admissions ..	21 (30)	41 (41)	62 (71)
Discharges ..	17 (24)	22 (21)	39 (45)
Places Provided	124 (120)	177 (158)	301 (278)

(1967 figures in brackets)

IV—INFECTIOUS DISEASE

PREVALENCE, PREVENTION AND CONTROL

PREVENTION AND CONTROL OF INFECTIOUS DISEASE

(*Dr. D. L. Wilson*)

The incidence of infectious disease at various ages is shown in Tables 'A' and 'B'. For the sixth successive year there has been no case of poliomyelitis in the City nor of diphtheria which last occurred in 1958. However until immunisation rates improve from the present levels the community remains at risk of spread should these diseases be imported.

Measles

Measles remain the main infectious disease and it is disappointing that 18 months after the start of the measles vaccination campaign in the City there should be as many as 2,003 notifications, but vaccination has produced some effect. The 1968 epidemic like the previous 1966/67 epidemic never reached the usual high peak and fewer children were affected than previously. An increasing number of children are now vaccinated against measles. The proportion of children under two vaccinated against measles rose from 15% in 1967 to 25% in 1968 and this will improve further when appointments arranged by the computer take effect. During 1968 seven children developed measles who had previously been vaccinated against measles. There were nine such cases in 1967 and four in 1966.

Dysentery

There were 46 dysentery notifications during the year. In addition to individual cases and family infections, outbreaks of sonne dysentery occurred in a residential home for the elderly and in a Corporation day nursery. In the former 13 residents (44%) and two members of staff were infected over a six week period and at the day nursery there were 23 cases. The control of both outbreaks was achieved with the co-operation of the Public Health Laboratory and general practitioners.

Food Poisoning

Apart from individual family cases the following outbreaks occurred:—

- (a) In a primary school 54 of the 400 children taking school dinners and six of the staff were ill on two days in March. The kitchen was closed for two days and a thorough investigation brought no cause to light, nor was any fault found in catering procedures.
- (b) In a residential home for the elderly 12 residents became ill during the night. While no bacteriological cause could be found the obvious catering fault was in re-heating and serving chicken which had been cooked the previous day.
- (c) An outbreak of mussel poisoning occurred at the end of May and affected 79 persons in the area of whom 58 were Newcastle residents (See appendix).

Infective Jaundice

Since infective jaundice became notifiable in June 1968, a visit has been paid to each home by a health visitor who advises on preventing the spread of infection and makes enquiries into the health of other members of the family, possible sources of infection, contacts, etc. Of 22 notifications received 11 were isolated cases and the other 11 were associated with others in six outbreaks. Eleven of the cases were schoolchildren.

TABLE A

CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS

EXCLUSIVE OF TUBERCULOSIS

AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1968

NOTIFIABLE DISEASE	AT AGES—YEARS												NET TOTAL							
	Under 1		1 and under 5		5 and under 15		15 and under 25		25 and under 45		45 and under 65		65 and up- wards		Age unkn'n		1968		1967	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acute Pneumonia	1	†	2	—	2	—	2	—	1	2	3	9	11	157	—	—	20	173	28	126
Dysentery	4	..	18	—	4	—	5	—	6	—	2	—	3	—	—	—	42	—	28	—
Enteric fever	—	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Erysipelas	—	†	—	—	—	—	—	—	—	—	3	—	2	—	—	—	5	—	5	—
Food Poisoning	—	..	2	—	4	—	5	—	21	—	10	—	4	—	6	—	52	—	5	—
Infective Jaundice	—	*	1	—	16	—	11	—	4	1	5	—	1	—	—	—	38	3	—	2
Malaria	—	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Measles	99	..	1189	—	676	—	26	—	5	—	2	—	1	—	—	—	1998	—	937	—
Meningococcal infections	2	†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—
Ophthalmia neonatorum	1	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Polio myelitis	—	†	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia	6	..	105	—	230	—	64	—	1	—	1	—	—	—	—	—	414	—	1	—
Rubella	—	..	8	—	15	—	5	—	8	—	—	—	—	—	—	—	29	—	237	—
Scarlet fever	—	..	16	—	5	—	—	—	1	—	—	—	—	—	—	—	22	—	47	—
Whooping Cough	1	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	66	—	66	—
Totals	113	..	1342	—	950	4	122	—	47	3	26	9	22	157	6	—	2628	178	1356	128

*Notifiable from 15th June, 1968

†Notification discontinued from 1st October, 1968

TABLE B
WARD DISTRIBUTION OF INFECTIOUS DISEASES (CITY CASES)

WARD	Acute Pneumonia	Dysentery	Enteric Fever	Erysipelas	Food Poisoning	Infective Jaundice	Malaria	Measles	Meningococcal Infections	Ophthalmia Neonatorum	Poliomylitis	Puerperal Pyrexia	Rubella	Scarlet Fever	Tuberculosis (all forms)	Whooping Cough
St. Nicholas	—	1	—	—	—	—	—	27	—	—	—	—	1	—	8	—
Blakelaw ...	—	1	—	—	8	3	—	107	—	—	—	—	34	1	3	1
Kenton ...	4	5	—	1	6	6	—	178	—	—	—	—	37	4	3	7
Scotswood	3	3	—	—	—	2	—	154	—	—	—	—	14	4	2	4
Stephenson	—	1	—	—	—	—	—	62	—	—	—	—	17	1	14	2
Armstrong	—	2	—	—	5	2	—	108	—	—	—	—	15	—	8	1
Elswick ...	2	5	—	—	2	—	—	103	—	—	—	—	21	3	2	—
Westgate	—	2	—	—	3	1	—	76	1	—	—	—	45	1	3	—
Arthurs Hill	5	—	—	—	4	4	—	93	—	—	—	—	35	3	7	—
Benwell ...	1	1	—	—	—	2	—	140	—	—	—	—	22	5	5	2
Fenham ...	—	1	—	1	3	4	—	89	—	—	—	—	40	1	7	—
Sandyford...	—	3	—	—	3	1	—	72	—	—	—	—	3	—	2	—
Jesmond ...	1	2	—	—	3	4	—	54	—	—	—	—	7	1	3	—
Dene ...	2	1	—	—	—	1	—	67	—	—	—	—	37	1	5	—
Heaton ...	1	3	—	—	5	—	—	81	1	—	—	2	55	—	3	—
Byker ...	—	3	—	—	2	3	—	91	—	—	—	1	5	—	1	1
St. Lawrence	—	3	—	—	3	2	—	133	—	—	—	1	5	2	4	1
St. Anthony's	—	1	—	1	2	1	—	130	—	—	—	1	9	1	5	3
Walker ...	1	3	—	1	1	—	—	122	—	1	—	—	10	—	4	—
Walkergate	—	1	—	1	2	2	—	111	—	—	—	—	2	1	6	—
Total 1968	†20	42	—	†5	52	*38	—	1998	†2	1	—	†5	414	29	95	22
Total 1967	28	28	1	5	5	—	1	937	—	—	—	1	237	47	116	66

*Notification from 15th June, 1968

†Notification discontinued from 15th October, 1968

SPECIAL TREATMENT CENTRE

(*Dr. G. Hamilton Whalley*)

This centre is situated in the Ambulance Service Headquarters in Blenheim Street. A male and a female orderly are in attendance for appointments between 11 a.m. and 3 p.m. from Monday to Friday.

Attendances (see Table I), totalled 671, against 528 in 1967, showed an increase of 27%, and comprised 296 males and 280 females. Persons treated, totalling 576 (521 for scabies and 55 for pediculosis), showed an increase of 15% over 1967. Four scabies cases also had pediculosis.

The largest source of referrals (see Table II) totalling 254, including 24 for non-city cases, came from 30 family doctors. The necessity for all family members of scabies cases to receive treatment whether symptoms are present or not is continually emphasised and home follow-up is mainly needed when family members fail to attend.

The 98 cases in 43 referrals from 15 other local authority areas (14 referrals from one), were again one sixth of the total cases treated and showed an increase over the 61 cases in 1967 (29 cases in 1966) which accounted for half the rise (by 75 cases) in total cases treated in 1968.

There were 267 failed appointments, 254 for scabies (29 non-city cases), and 13 for pediculosis.

Area child health clinics also carry out treatments for scabies and pediculosis.

The attendant staff are again to be commended for their work.

TABLE I

Age Groups	1963	1964	1965	1966	1967	1968				
						Total	Scabies	Pediculosis		
								Head	Body	Pubis
0- 1	16	3	14	23	7	12	10	2	—	—
1- 4	45	16	54	79	95	86	79	4	3	—
5-14	50	34	84	110	157	155	144	9	7	—
15+	180	185	151	205	242	320	288	4	23	3
Totals	291	238	303	417	501	576	521	19	33	3

TABLE II

Sources of Cases Treated	SCABIES			PEDICULOSIS		
	Single Attenders	Family Mem- bers	Total	Single Attenders	Family Mem- bers	Total
Family Doctors	42	183	225	2	3	5
City Hospitals	29	90	119	7	9	16
Health and Social Services Department	14	65	79	5	10	15
Other Local Authorities	19	69	88	3	7	10
Other sources	10	—	10	9	—	9
Totals 1968	112	406	521	26	29	55
1967	91	367	458	22	21	43
1966	107	269	376	27	18	14

TABLE III

Year	Total Persons Treated (Extra treatments in brackets)				Total No. of Treat- ments Given
	Scabies	Pediculosis	Others	Total	
1959	109	226	—	335	384
1960	28	96	—	124	139
1961	37	38	1	76	81
1962	101	39	—	140	147
1963	190	101	—	291	318
1964	132	56	3	191	205
1965	268	35	—	303	338
1966	376	41	—	417	445
1967	458	43	—	501	528
1968	521	55	—	576	671
City cases	433 (61)	45 (9)	—	478 (70)	548
Non-city	88 (19)	10 (6)	—	98 (25)	123

VENEREAL DISEASE

(*Dr. A. S. Wigfield*)

	Grand Total	Male	Female
New Registrations Total ..	1,480 (1,339)	956 (869)	524 (470)
Gonorrhoea 	381 (258)	240 (150)	141 (108)
Syphilis—Early infectious ..	3 (5)	2 (4)	1 (1)
Syphilis—Late non-infectious..	18 (18)	14 (11)	4 (7)
Non-gonococcal Urethritis ..	189 (230)	189 (230)	—
Trichomonas Vaginalis infestation 	122 (84)	—	122 (84)
Non-venereal treated 	344 (317)	206 (178)	138 (139)
Non-venereal and not requiring treatment 	311 (356)	208 (228)	103 (128)
Desired reassurance and no infection found 	112 (76)	97 (72)	15 (4)

The total registrations of patients attending Ward 34 at the Newcastle General Hospital were 3,079. The above figures relate only to residents of Newcastle upon Tyne. The figures in brackets relate to 1967.

The year 1968 saw a 10% increase over 1967 in total new cases. All categories were increased except female syphilis, male non-gonococcal urethritis and both male and female conditions requiring no treatment. Infectious syphilis remains negligible, only two men and one woman having acquired their disease locally. Non-gonococcal urethritis in the male decreased by 18%. The only previous year in which decreases occurred was 1966 and it is premature to hope that this trend will continue.

The only cause for further comment and some concern is a 60% increase in male gonorrhoea and 31% increase in female gonorrhoea, an overall increase of 48%. National statistics are not yet available but it is known that 1968 has produced a marked increase throughout the country as judged by certain clinics in some big cities, where an all time record is reported. The cause of this increase remains a matter of debate. No one knows how much promiscuous sexual intercourse takes place as between one year and another. There is evidence of an increase in more resistant strains of gonococci and a small percentage of failures following initial treatment occurs. These are, however, readily cured after further treatment. There is also a small default rate following initial treatment, which means that a few promiscuous individuals leave the clinic uncured, but it is not

really credible that this very small number (about 1 in 200 cases) should account for a 48% increase.

Teenagers

Total new registrations of adult males	891	—	teenagers 111 (12%)
Total new registrations of adult females	395	—	teenagers 130 (33%)
Total new cases of gonorrhoea, males	240	—	teenagers 22 (9%)
Total new cases of gonorrhoea, females	141	—	teenagers 37 (26%)

Contact Tracing

Of 240 male gonorrhoea cases, 163 alleged that they acquired their infection in Newcastle and were interrogated. Thirty-four were unable to give clues as to their contacts and three refused to do so. The remaining 126 gave sufficient information about their contacts to correlate their infections with 108 women. Eight-seven of these 108 attended the department, of whom 63 were persuaded to attend by their consorts and 24 were persuaded by contact tracers. Of these 87, 75 were found to have gonorrhoea the remaining 12 had either been treated elsewhere or were wrongly accused. It should be noted that the two health visitors, seconded to the Venereology Clinic from the Public Health Department during 1968 had also the task of interrogating patients. Although they only persuaded 24 female patients to attend compared with 35 the previous year, they performed an admirable function, in that they persuaded 63 male patients to bring their consorts as opposed to only 20 in the previous year. In other words contact tracing and interrogation of patients produced 75 female gonorrhoea cases to attend the clinic, who might otherwise have been missed, compared with 48 in 1967 and those responsible are to be commended.

CHEST CLINICS
MASS RADIOGRAPHY

V—TUBERCULOSIS

CONTACT CLINICS

TUBERCULOSIS

There was a slight decrease in the number of new cases of pulmonary tuberculosis, 86 cases, eight less than last year, were notified, giving an attack rate of 0.35 per 1,000 population, the lowest ever recorded in the City. New cases of non-pulmonary tuberculosis numbered nine as compared with 22 in 1967, the attack rate falling from 0.087 to 0.037.

The number of deaths from the disease rose to 17, six more than in 1967, all but three being due to pulmonary tuberculosis; giving a death rate of 0.07 per 1,000 population (0.057 pulmonary and 0.012 non-pulmonary).

Notifications

During the year, primary notifications were received as follows:

<i>Pulmonary</i>	<i>Non-Pulmonary</i>	<i>Total</i>
86	9	95

Sources of notification were:—

General Practitioners	..	..	..	..	16
Chest Physicians	..	..	..	..	59
Hospital Medical Staff	..	..	..	..	20
					95

In addition, 21 notifications were received of cases previously notified elsewhere which had moved into the City during the year.

RESPIRATORY TUBERCULOSIS—PERIODS OF NOTIFICATION BEFORE DEATH

	Deaths which occurred in these years												
	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Persons not notified before death ...	9	4	4	5	7	8	5	1	4	7	7	4	3
Persons notified under 1 month ...	3	1	4	4	2	1	3	—	—	—	2	—	3
Persons notified between :—													
1 and 3 months ...	2	—	2	2	3	—	1	—	—	1	—	—	—
3 and 6 months ...	—	2	—	—	—	—	1	—	—	—	—	1	—
6 and 12 months ...	1	—	1	3	1	—	1	—	—	—	2	—	—
12 and 18 months ...	—	4	—	—	—	—	—	—	—	2	—	—	—
18 and 24 months ...	2	1	1	—	—	—	—	—	2	—	—	1	—
2 and 3 years ...	2	3	1	2	4	2	3	1	—	1	—	—	—
Over 3 years ...	22	20	16	12	7	10	8	7	8	8	9	5	7
Totals ...	41	35	29	28	24	21	22	9	14	19	20	11	14

COMPARATIVE FIGURES OF ATTACK AND DEATH RATES (ALL FORMS) PER 1,000 POPULATION

	1961		1962		1963		1964		1965		1966		1967		1968*	
	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate	Death Rate	Attack Rate
Newcastle upon Tyne	0.09	0.77	0.09	0.69	0.05	0.56	0.06	0.64	0.06	0.66	0.08	0.48	0.04	0.46	0.07	0.39
England and Wales ...	0.07	0.47	0.06	0.44	0.06	0.40	0.05	0.38	0.05	0.48	0.05	0.32	0.04	0.28	0.04	NA
Glasgow ...	0.19	1.10	0.19	1.00	0.21	0.95	0.15	0.93	0.15	0.82	0.11	0.75	0.11	0.68	0.11	0.63
Scotland ...	0.09	0.70	0.09	0.61	0.09	0.55	0.07	0.50	0.07	0.46	0.06	0.46	0.05	0.43	0.05	NA

*Provisional figures

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1931

YEAR	PULMONARY				NON-PULMONARY				TOTAL			
	New Cases Notified	Number of Deaths	Death Rate per 1,000 Population	Attack Rate per 1,000 Population	New Cases Notified	Number of Deaths	Death Rate per 1,000 Population	Attack Rate per 1,000 Population	New Cases Notified	Number of Deaths	Death Rate per 1,000 Population	Attack Rate per 1,000 Population
1931	507	303	1.07	1.79	232	94	0.33	0.82	739	397	1.40	2.6
1932	432	277	0.98	1.52	207	64	0.22	0.73	639	341	1.20	2.2
1933	428	262	0.91	1.49	191	67	0.23	0.66	619	329	1.14	2.2
1934	464	280	0.97	1.62	140	51	0.18	0.49	604	331	1.15	2.1
1935	464	240	0.82	1.59	176	63	0.22	0.60	640	303	1.04	2.2
1936	449	265	0.90	1.55	135	43	0.14	0.46	584	308	1.04	2.0
1937	489	270	0.93	1.68	137	54	0.19	0.47	626	324	1.12	2.1
1938	481	249	0.85	1.65	158	44	0.15	0.54	639	293	1.00	2.2
1939	428	232	0.82	1.51	143	47	0.17	0.50	571	279	0.99	2.0
1940	465	251	0.98	1.82	123	51	0.20	0.48	588	302	1.18	2.3
1941	483	249	0.98	1.89	130	56	0.22	0.51	613	305	1.20	2.4
1942	511	219	0.86	2.01	136	58	0.23	0.53	647	277	1.09	2.5
1943	595	270	1.06	2.33	140	55	0.21	0.55	735	325	1.27	2.9
1944	547	233	0.89	2.08	147	68	0.26	0.56	694	301	1.15	2.6
1945	580	227	0.85	2.18	115	47	0.18	0.43	695	274	1.03	3.0
1946	572	227	0.80	2.02	105	36	0.13	0.37	677	263	0.93	2.4
1947	546	259	0.89	1.88	98	39	0.13	0.34	644	298	1.02	2.2
1948	596	228	0.78	2.03	97	26	0.09	0.33	693	254	0.87	2.36
1949	516	222	0.75	1.75	94	24	0.08	0.32	610	246	0.83	2.07
1950	532	183	0.62	1.81	73	25	0.08	0.25	605	208	0.70	2.06
1951	485	110	0.38	1.66	71	14	0.05	0.24	556	124	0.43	1.90
1952	430	95	0.33	1.48	64	12	0.04	0.22	494	107	0.37	1.70
1953	476	81	0.28	1.64	68	12	0.04	0.24	544	93	0.32	1.88
1954	430	77	0.27	1.50	55	9	0.03	0.19	485	86	0.30	1.69
1955	373	48	0.17	1.33	68	4	0.01	0.24	441	52	0.18	1.57
1956	341	41	0.15	1.23	68	3	0.01	0.24	409	44	0.16	1.47
1957	287	35	0.13	1.04	59	1	0.004	0.21	346	36	0.13	1.26
1958	298	29	0.11	1.09	45	2	0.007	0.17	343	31	0.11	1.26
1959	221	28	0.10	0.82	24	2	0.007	0.09	245	30	0.11	0.90
1960	204	24	0.09	0.76	30	4	0.015	0.11	234	28	0.10	0.87
1961	178	21	0.08	0.67	28	2	0.007	0.10	206	23	0.09	0.77
1962	149	22	0.08	0.56	37	2	0.007	0.14	186	24	0.09	0.67
1963	117	9	0.03	0.44	30	4	0.015	0.11	147	13	0.05	0.56
1964	144	14	0.05	0.55	22	1	0.004	0.08	166	15	0.06	0.64
1965	142	19	0.07	0.55	32	6	0.023	0.12	174	25	0.10	0.67
1966	98	20	0.08	0.39	24	1	0.004	0.09	122	21	0.08	0.48
1967	94	9	0.04	0.37	22	2	0.008	0.09	116	11	0.04	0.46
1968	86	14	0.06	0.35	9	3	0.012	0.04	95	17	0.07	0.39

AGE DISTRIBUTION OF PRIMARY NOTIFICATIONS DURING
1966, 1967 and 1968

		Age Groups												Total	
		Under 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74		75 and over
Respiratory— Males—	1968	—	—	1	2	1	5	2	6	8	13	12	9	4	63
	1967	—	—	1	2	—	—	5	8	5	20	10	8	4	63
	1966	—	2	—	1	1	3	3	9	9	16	18	6	3	71
	1968	—	—	3	3	1	2	1	1	2	5	2	2	1	23
	1967	—	—	—	2	—	2	2	9	6	4	5	1	—	31
	1966	—	1	2	1	1	1	2	7	4	2	4	2	—	27
Non-Respiratory— Males—	1968	—	—	1	—	—	1	—	2	1	—	—	—	—	5
	1967	—	—	—	—	1	1	—	1	3	1	—	—	—	7
	1966	—	—	—	1	—	1	3	3	1	1	1	—	—	11
	1968	—	—	—	—	1	—	—	—	1	—	—	1	1	4
	1967	1	—	—	—	1	—	—	2	4	1	1	3	2	15
	1966	—	—	1	—	—	1	2	3	1	2	1	1	1	13
Totals	1968	—	—	4	5	3	8	3	9	12	18	14	12	6	95
	1967	1	—	1	4	2	3	7	20	18	26	16	12	6	116
	1966	—	3	3	3	2	6	10	22	15	21	24	9	4	122

AGE DISTRIBUTION OF DEATHS DURING 1968

		Under 1	1 and under 2	2 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 and over	Total
Respiratory—															
Males ...	...	—	—	—	—	—	—	—	1	1	3	2	—	4	11
Females ...	...	—	—	—	—	—	—	—	—	—	1	—	1	1	3
Non-Respiratory—															
Males ...	...	—	—	—	—	—	—	—	—	—	—	1	1	—	2
Females ...	...	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Totals ...	...	—	—	—	—	—	—	—	1	2	4	3	2	5	17

TUBERCULOSIS IN CHILDHOOD

(Dr. S. M. Livingston)

The number of notified cases of tuberculosis in children aged 0—14 years during 1968 was 12 with one case of meningitis. There were no deaths. Among the 12 children there was four pairs of brother and sister, one pair having almost certainly been infected by their grandmother, whose condition was only discovered at post-mortem.

In 1968 the number of child contacts of newly notified adult cases was less than in 1967 and the percentage of tuberculin positive pre-school children found among those seen at contact clinics was smaller than there had ever been.

TABLE 1

NUMBER OF NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) AND OF TUBERCULOUS MENINGITIS, AND THE NUMBER OF TUBERCULOSIS DEATHS IN THOSE AGED 0-14 YEARS IN NEWCASTLE 1963-1968

Notifications	1963	1964	1965	1966	1967	1968
All Forms ..	9	13	20	11	8	12
Meningitis ..	—	—	—	1	1	1
<i>Deaths</i>						
All Forms ..	—	—	—	1	—	—

TABLE 1A

NUMBER OF CHILDREN TREATED WITH CHEMOTHERAPY 1964-1968

	1964	1965	1966	1967	1968
Under 5 years	21	29	16	5	4
5-9 years	13	16	13	9	17
10-14 years	8	9	3	5	9
TOTAL	42	54	32	19	30

TABLE 2

THE RESULTS OF ROUTINE TUBERCULOSIS TESTING IN SCHOOLS 1963-1968

	1963	1964	1965	1966	1967	1968
<i>Leavers</i> age 11 years + % tested	68	61	73	86	80	82
Number tested	2,901	2,781	2,355	6,982	2,497	2,532
Had B.C.G.						381
% Positive (unvaccinated) ..	15*	16*	16*	0.6	0.8	1.8
<i>Juniors</i> age 8 years + % tested	78	80	74	78	86	89
Number tested	2,909	3,081	2,693	3,268	2,641	3,025
Had B.C.G.						518
% Positive (unvaccinated) ..	2.4	1.6	1.7	0.7	0.5	0.0
<i>Infants</i> age 5 years + % tested	75	80	66	79	88	93
Number tested	3,473	3,507	2,949	3,045	3,580	3,441
Had B.C.G.						527
% Positive (unvaccinated) ..	0.7	0.4	0.3	0.3	0.3	0.0

*Figures for these years include children who had had B.C.G.

TABLE 3

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AND THE NUMBER FOUND TO BE TUBERCULIN POSITIVE 1963-1968

	1963	1964	1965	1966	1967	1968
Number Seen ..	1,179	1,395	1,314	1,281	1,175	1,019
Number Tuberculin Positive	12	21	29	14	5	4
% Positive	1.0	1.5	2.2	1.0	0.4	0.4

TABLE 4

NUMBER OF CHILDREN UNDER FIVE YEARS OF AGE SEEN AS CONTACTS OF NEWLY DIAGNOSED PATIENTS 1963-1968

	1963	1964	1965	1966	1967	1968
Number Seen	176	195	168	167	97	68
Number Tuberculin Positive	6	18	18	4	5	2
% Positive	3.4	9.2	10.8	2.4	4.9	2.9

TABLE 5

THE NUMBER OF B.C.G. VACCINATIONS IN NEWCASTLE 1963-1968

	1963	1964	1965	1966	1967	1968
Chest & Contact Clinics ..	1,023	875	1,089	875	769	1,370
Newcastle General Hospital Maternity Dept.	184	224	225	178	169	134
Princess Mary Maternity Hosp.	294	326	240	342	202	74
Hexham Maternity	—	—	—	—	5	—
School Children	2,429	2,369	1,488	5,771	3,082	2,515
Further Education Students ..	32	—	—	—	—	92
TOTAL ..	3,962	3,794	3,042	7,166	4,227	4,185

PULMONARY TUBERCULOSIS

(Dr. J. R. Lauckner)

In 1968 there was again a small reduction in the number of new notifications of respiratory tuberculosis in the City. As will be seen from what follows, there was a more definite reduction in the cases of adult type pulmonary tuberculosis, which was to some extent offset by a larger number of notifications of childhood disease and of disease of the mediastinal glands in Asian immigrants.

The data is presented in the same form as in recent years, and we are now able to present comparable figures over a period of five years.

Data for 1968

The cases of respiratory tuberculosis notified in the City during the year are as follows:—

	<i>Inward Transfer</i>	<i>New</i>	<i>Relapse</i>	<i>After Death Notification</i>	<i>Total</i>
Primary Intrathoracic ..	—	11	—	—	11
Mediastinal Glands ..	—	5	1	—	6
Pleura	1	3	—	—	4
Adult Pulmonary ..	19	67	11	2	99
	20	86	12	2	120

The number of cases notified after death is the lowest recorded, except for 1963 (which was an extraordinary year in respect of tuberculosis).

The data relating to cases of adult pulmonary tuberculosis classified according to type of case and degree of infectivity is as follows:—

			<i>Inward Transfer</i>	<i>New</i>	<i>Relapse</i>	<i>After Death Notification</i>	<i>Total</i>
Smear positive	..	..	2	32	8	1	43
Culture positive	..	..	1	15	1	—	17
Culture negative	..	..	16	20	2	—	38
No information	..	..	—	—	—	1	1
			19	67	11	2	99

The active cases arising in the City during the year (new cases plus relapsed cases) were thus 78, compared with 94 last year. Of these, 56 (72%) were potentially infectious. Three cases transferred into the City were infectious and one other notified after death was potentially infectious. The total of new foci of infection in the City during the year was thus 60, compared with 67 last year.

Presented separately for the two Chest Clinic areas, the data is as follows:—

		<i>EAST</i>				<i>WEST</i>			
		<i>I.T.</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>	<i>I.T.</i>	<i>New</i>	<i>Relapse</i>	<i>Total</i>
Smear positive	..	2	11	1	14	—	21	7	28
Culture positive	..	—	8	—	8	1	7	1	9
Culture negative	..	14	13	2	29	2	7	—	9
No information	..	—	—	—	—	—	—	—	—
		16	32	3	51	3	35	8	46

These figures show very little change since last year, except for all round slight reduction in numbers. The systematic differences between the two clinics persist. The larger number of culture negative “inward transfers” on the East side is presumably due to different criteria for reporting, and the higher proportion of smear positives among new cases on the West side to more intensive use of bacteriological facilities. It is more difficult to suggest why there are always more relapses on the West side.

Five Year Comparison

Reasonably comparable data are now available over a period of five years, as follows:—

	1964	1965	1966	1967	1968
Primary intrathoracic } Mediastinal glands	12	30	13	7	17
Pleura	5	5	8	1	4
Adult pulmonary:					
Inward Transfer ..	31	14	12	17	19
New	128	108	80	86	67
Relapse	14	10	10	8	11
	142	118	90	94	78
New foci of infection (excluding people not notified before death)	93	90	68	64	59

Immigrants

The higher incidence of tuberculosis among Asian immigrants has been noted in earlier reports, but the actual number of cases has always been small compared with the total occurring in the City. In 1968 for the first time, immigrants account for a substantial minority of cases. In the whole area served by the West Chest Clinic (where the great majority of immigrants live) there were 88 cases of tuberculosis of all kinds during the year, of which 16 (almost 20%) were in immigrants—9 Asians, 4 Irish, 1 West Indian, 2 others. As the number of cases in the indigenous population declines, the number in immigrants shows a tendency to increase.

In this report tuberculosis of the mediastinal glands (in adults)—a form of the disease encountered almost exclusively in immigrants—has been separated from primary intrathoracic disease. There were 6 such cases, more than in previous years, representing more than half the cases in Asians.

Comment

There has again been no special development in 1968, but some tentative conclusions can perhaps be drawn from the figures over five years.

1. The number of fresh cases of adult pulmonary disease (new plus relapse) shows a clear tendency to decline—by about 40% over 5 years.
2. The number of potential foci of infection has declined to about the same extent.
3. The number of relapses remains about the same, so that these constitute an increasing proportion of the active cases, as was anticipated.

4. The proportion of adult pulmonary cases bacteriologically confirmed (72%) is the highest so far recorded, and on the West side it was even higher at 83%. So there is no tendency to notify more cases of doubtful activity as the total number of cases diminishes—rather the reverse.

MASS RADIOGRAPHY

(*Dr. J. R. Lauckner*)

The deployment of Mass Radiography Units in the City was essentially unchanged in 1968.

The Headquarters building at Newcastle General Hospital was fully operational with new processing equipment from April. Since then the exterior of the building has been upgraded and greatly improved.

There has been some increase in the number of persons X-rayed in the City from 37,115 in 1967 to 41,866 in 1968—still less than the 1966 figure. All three units contributed a larger number of examinations, but most of the increase was from the Mobile Unit, as follows:

Static Unit	..	27,592
Mobile Unit	..	11,091
Caravan Unit	..	3,183
		41,866

Table I shows figures which are throughout remarkably similar to those of last year. The number of cases of active tuberculosis detected was 47 compared with 49 last year, and of bronchial carcinoma 103 compared with 102, despite somewhat larger numbers in each of the main groups of examinee.

The number of people referred for X-ray by General Practitioners remains very steady at about 8,000 per year. The rate of detection of active tuberculosis in this group continues much higher than among general public volunteers and industrial groups (about eight times). Nevertheless, the rate shows a steady decrease in recent years, presumably indicative of diminishing incidence of active tuberculous disease.

TABLE I
WORK CARRIED OUT IN NEWCASTLE DURING 1968

Examinee Group	Number X-rayed	Referred to Chest Clinic	Active Tuberculosis	Bronchial Carcinoma
Doctors' Patients ..	7,883	866	30	76
General Public ..	10,363	322	6	16
Industrial Groups ..	19,747	224	8	9
Contacts	436	19	1	—
School Children (Tuberculin Positive)	195	1	—	—
Hospital Outpatients and Inpatients ..	1,075	38	1	—
Others	2,167	31	—	—
Totals	41,866	1,501	47	103

TABLE II
TUBERCULOSIS AMONG PERSONS REFERRED BY GENERAL
PRACTITIONERS

Year	Number Referred	Active Tuberculosis	Rate per 1,000
1965	8,031	54	6·7
1966	8,099	47	5·9
1967	7,636	31	4·1
1968	7,883	30	3·8

REPORT OF THE
SCHOOL MEDICAL OFFICER

VI—SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO
EDUCATION COMMITTEE

REPORT OF THE SCHOOL HEALTH SERVICE

(*Dr. H. K. Sainsbury*)

General

The most important administrative change in the School Health Service in 1968, was the amalgamation of the clerical sections of the School Health and Maternity and Child Welfare Services, under a Senior Administrative Assistant. The new chain of responsibility is as follows:—

Principal Administrative Assistant

—

Senior Administrative Assistant

Child Health Services

(A.P. IV)

1 A.P. 11

1 Clerical 11

40 Clerical 1

2 Shorthand Typists

In common with other Local Authorities difficulty has been experienced in recruiting medical practitioners to the Service. During the year Dr. Matthews left the City for a senior appointment and has not been replaced. The complement of medical officers has been maintained at an equivalent of 5.8 by the appointment of three part-time officers.

As we go to press final arrangements are in hand to evacuate the Central School Clinic, the site on which it is built being required for re-development. It may be recalled that the premises were purchased from the Fleming Hospital in 1949, when the headquarters of the service moved from the former Education Offices in Northumberland Road. The services now being carried out at the present clinic will eventually be divided between Diana Street and Shieldfield Clinics, which will eliminate the need of parents to cross the centre of the City to visit them. However, it is unlikely that either clinic will be completed when the closure takes place and interim arrangements have been made to accommodate these services in other clinics in the City.

The distribution of School Clinics in December 1968 was identical with that in my report in 1967. The existing clinics are:—

Atkinson Road, St. James' Crescent, 4.	Purpose built.	School Health and M. & C.W.
Bentinck, Mill Lane, 4.	Adapted.	Wholly School Health.
Blakelaw, Springfield Road, 5.	Purpose built.	School Health and M. & C.W.
Central, 12/18 City Road, 1.	Adapted.	Wholly School Health.
East End, 316 Shields Road, 6.	Adapted.	School Health and M. & C.W.
Kenton, Hillview Avenue, 3.	Purpose built.	School Health and M. & C.W.
Middle Street, Langley Road, 6.	Purpose built.	Wholly School Health.
Ravenswood, Ravenswood Road, 6.	Purpose built.	School Health and M. & C.W.

The school population continues to fall and fluctuated between 37,500 and 38,100 during the year. The falling numbers of births in Newcastle, from 1958 onwards, has largely accounted for this decline. The situation needs to be watched, because trends in the birth rate in the City indicate that the fall in numbers of pupils in Primary Schools, is likely to continue on an increased scale during the next few years.

The introduction of continental time during the winter, caused some concern in Newcastle, as it did in other parts of the North of England. After due consideration it was decided not to alter school hours and so far as can be discovered school children have suffered no adverse effects.

The following surveys are in operation in the schools:—

1. An investigation of asymptomatic bacilluria.
2. An investigation by Professor Shuster at Walkergate Hospital, into the pathogenesis of acne among pupils of Benfield Comprehensive School.

MEDICAL INSPECTIONS

The system of periodic medical examination has remained unchanged in 1968.

(i) School entrants are examined at $4\frac{1}{2}$ years in school. This gives child and parent an opportunity to see the school, and the former

to arrange the child's admission with the headteacher. Some 8—10 children are seen per session. It has been the practice for the health visitor to be present at the examination, but more recently the attachment of health visitors to general practitioners has made their attendance more difficult. The examination takes stock of the child's pre-school medical history, including his immunology, and a large proportion of the time spent on each child is taken up with perusing documented information. Unlike the inspections of children over five years, these are not compulsory, and inevitably a small number of children are examined after entry to school.

(ii) The second inspection at 9—10 is selective. The numbers of children who require to be seen vary considerably from district to district, some 10—15 are seen at each session. All children receive a vision test at this age. Since health problems arising out of illness, injury or change of environment can arise at any time during the school life of the child, it is always possible that children who require attention may be missed, unless the service is in close and constant contact with the school.

The numbers of pupils inspected in the three age groups has shown an increase over those of the previous year, possibly owing to the high sickness rate among medical officers in that year.

A. Periodic Inspections in Maintained Schools

Entrants	..	..	..	..	..	3,886
Intermediates	..	..	..	..	..	1,724
Leavers	..	..	..	..	..	3,318
Other Age Groups	..	..	..	..	..	51
Total	..	..	..	..	..	8,979

Periodic Inspections in Independent Schools

Church High School— (5, 8, 12 years)	..	..	..	..	130
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B. Re-inspection in Schools

No. of Pupils Inspected	..	..	..	683
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C. Special Inspections

(a) Inspections in Schools	1,028
(b) Inspections for Freedom from Infection	578
(c) Examination of pupils for fitness for employment out of school hours	298
(d) Examination of children and young persons proceeding to Remand Homes	98
(e) Examination of children being taken into Care of the Local Authority	623
(f) Annual Inspection of children in Care of the Local Authority	623

D. Examination of Adults

(a) Teaching Staff on appointment	267
(b) Entrants to Teachers Training College	330
(c) Final examinations at Teachers Training Colleges ..	202

E. Infestation with Vermin

(a) Number of Inspections conducted in schools	94,205
(b) Number of Individual pupils found to be infested ..	5,416
(c) Number of pupils in respect of whom Notices were issued under Section 54(2) Education Act, 1944 ..	3
(d) Number of pupils in respect of whom Notices were issued under section 54(3) Education Act, 1944 ..	—

The infestation rate for the year was 14.12 % of the total school population as against 13.4 in 1967. This represents a less substantial increase than that found in 1967.

PHYSICAL CONDITION OF PUPILS INSPECTED

Nursery and Pre-School	99.66 %	satisfactory
Primary—5— 6 years	99.87 %	„
7— 8 years	100.00 %	„
9—10 years	99.95 %	„
Secondary—15 years	99.65 %	„
Over 15 years.. .. .	99.70 %	„

The above report of school medical officers shows that there is no decline in the physical condition of children in the 9—10 age group, contrary to what one would expect, since this is a selected group which has required medical attention usually on account of the known existence of physical defects. The 14 year old age group has shown a continuing decline since 1965. These figures require long and careful consideration. Local and national figures are not based upon any recognised standards but they represent the personal impression of individual medical officers. Since 1966 the medical staff has remained relatively unchanged in Newcastle and the figures can be regarded as comparable from year to year.

In spite of a popular complacency concerning the health of school children of to-day (and the subject is receiving little attention in current medical literature), there are warning signs which should not be ignored. Throughout 1968 prices have been high throughout the Country, and unemployment high in Newcastle. The circular of the Department of Education and Science of November 1967, which dealt with free meals in schools, brought about an increase of 7,817 free dinners during the summer term of 1968. On the other hand an increase in the price of dinners from one shilling to one shilling and sixpence, resulted in a fall of 11,359 in the number of meals served.

The following tables show the number and types of defects found at inspection in 1968.

NUMBERS OF PUPILS FOUND TO REQUIRE TREATMENT

Age Group (Born)	No. of Pupils Inspected	No. of Pupils found to require treatment		
		Defective Vision	Other Conditions	Total Individ'l Pupils
1964 and later	581	7	53	52
1963	2,987	50	376	335
1962	318	9	39	34
1961	73	4	7	8
1960	18	—	3	3
1959	69	7	11	14
1958	1,564	127	201	250
1957	26	3	12	11
1956	15	2	4	4
1955	10	—	—	—
1954	1,261	147	144	254
1953 and earlier	2,057	169	203	310
Total ..	8,979	525	1,053	1,275

NUMBERS AND TYPES OF DEFECTS FOUND
AT PERIODIC INSPECTION

Defect	Requiring Treatment				Requiring Observation			
	En-trants	Leav-ers	Others	Total	En-trants	Leav-ers	Others	Total
Skin	90	92	37	219	136	89	55	280
Eyes—								
Vision	68	310	139	517	61	237	96	394
Squint	83	48	41	172	68	23	47	138
Other	7	7	—	14	35	21	14	70
Ears—								
Hearing	34	6	16	56	50	26	30	106
Otitis Media ..	17	9	9	35	91	43	43	171
Other	24	3	14	41	21	4	7	32
Nose and Throat ..	49	18	19	86	299	55	100	454
Speech	36	3	6	45	194	6	14	214
Lymphatic Glands	5	—	—	5	46	9	14	69
Heart	6	5	3	14	68	20	23	111
Lungs	13	12	4	29	126	50	57	233
Developmental—								
Hernia	10	—	1	11	37	—	9	46
Other	13	34	15	62	143	40	59	242
Orthopaedic—								
Posture	3	27	3	33	17	19	6	32
Feet	49	45	13	107	81	65	33	179
Other	19	15	8	42	69	44	48	161
Nervous System—								
Epilepsy	4	6	3	13	30	3	7	40
Other	4	7	1	12	49	8	13	70
Psychological—								
Development ..	2	—	6	8	30	2	35	67
Stability	3	1	34	38	119	24	45	188
Abdomen	2	3	4	9	44	8	17	69
Other	6	11	4	21	35	18	7	60

NUMBERS AND TYPES OF DEFECTS FOUND
AT SPECIAL INSPECTION

<i>Defect</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
Skin	320	65
Eyes—		
Vision	200	23
Squint	50	8
Other	28	5
Ears—		
Hearing	86	33
Otitis Media	31	6
Other	22	12
Nose and Throat	67	29
Speech	38	13
Lymphatic Glands	2	4
Heart	17	16
Lungs	23	38
Developmental—		
Hernia	4	—
Other	26	43
Orthopaedic—		
Posture	11	3
Feet	28	7
Other	157	32
Nervous System—		
Epilepsy	7	2
Other	23	10
Psychological—		
Development	12	5
Stability	36	33
Abdomen	5	1
Other	426	357

TREATMENT — MEDICAL

The arrangements for providing medical treatment have remained unchanged in 1968.

The general principle has been that this service should discover those children who require medical treatment and make such arrangements as may be necessary to ensure that they receive medical attention, preferably through the National Health Services. The Local Authority may supplement the Health Service by providing forms of treatment not readily obtainable from that source and this Authority provides for the prescription of spectacles, diagnosis and treatment of skin conditions and physiotherapy at Pendower Hall.

In addition, simple forms of treatment which could well be done at home, are given by nurses in schools and school clinics.

The Local Authority is also required to provide dental treatment and speech therapy.

The duty of the Local Authority does not end with the discovery of children in need, or with making arrangements for them to secure treatment. Frequently parental indifference to the need, or administrative problems in the hospital system renders it difficult for the child to obtain the treatment which he requires. To this end the school service has had to forge close links with the hospital and general practitioner services and to perfect within itself a system of follow-up to ensure that parents have kept appointments made for them to attend hospital or surgery and that the advice which they receive is effectively carried out.

The facilities offered in individual school clinics are as follows:—

Clinic				Facilities Offered						
Atkinson Road	..	a	b		d				g	
Bentinck	..	..	a	b	c	d			g	
Blakelaw	..	..	a	b					g	
Central	..	..	..	a	b	c	d	e	f	g h
East End	..	..	..	a	b	c		e	f	g
Kenton	..	..	..	a	b		d			g
Middle Street	..	..	..	a	b	c	d	e		g
Ravenswood	..	..	..	a	b					g

Key

a—Daily Dressings	b—Consultations	c—Dental
d—Speech Therapy	e—Refractions	f—Skin Clinics
g—Examinations under Section 34 (Educ. Act)	h—Hearing Assessment	

Medical officers reserve at least one session per week to see parents and children for examination and advice.

A number of the cases are referred from medical inspection for a more detailed examination, others are referred by teachers, probation officers, the Children's Department, Co-ordinating Committee etc. Others again are seen for observation. The number of children attended to were as follows:—

The Work in School Clinics

Consultations by Medical Officers

Ashfield House	..	..	..	..	—
Atkinson Road	..	..	..	..	304
Bentinck	..	..	..	..	156
Blakelaw	..	..	..	..	235
Central ..	..	..	..	..	216
East End	..	..	..	..	513
Kenton ..	..	..	..	..	480
Middle Street	..	..	..	..	307
Ravenswood	..	..	..	..	4
Total	..	..	..	..	2,215 (1,682 in 1967)

The number of pupils seen by the medical officer or nurse in individual clinics:—

Treatment—Medical

1. (a) School Clinics

Atkinson Road ..	..	..	..	..	4,373
Bentinck	..	..	..	..	941
Blakelaw	..	..	..	..	469
Central ..	..	..	..	..	355
East End ..	..	..	..	..	2,311
Kenton ..	..	..	..	..	1,414
Middle Street	..	..	..	..	901
Ravenswood	..	..	..	..	1,334
Total	..	..	..	..	12,098

(2,151 in 1967)

(b) Accessory Clinics

Ashfield House ..	..	..	..	..	217
Brinkburn Street	..	..	..	..	62
Cowgate ..	..	..	..	..	265
Total	..	..	..	..	544 (510 in 1967)

THE SCHOOL NURSING SERVICE

(Miss A. C. Emerson)

The first appointment of school nurses to the Newcastle Education Authority was not made until February, 1913 although there had been in the City a school medical service for several years. In that year, possibly owing to Sir George Newman's comment in his annual report to the Board of Education—"I think the time has come for

every authority at present without school nursing in some form to consider the advisability and economy of such an appointment in their district", two nurses were appointed and by 1916 the staff had increased to six.

Although Dr. Foggin, the City's first Principal School Medical Officer, was apparently reluctant to propose the employment of school nurses, he was generous in his praise of their work once they had been established. He was also far seeing as to the future needs of the community, as in 1909 he envisaged the need for close co-operation between the health visitor service and the school health service. Many authorities went on to develop their services in this way and today employ a combined worker known as health visitor/school nurse. In this City, however, staff whose minimum qualification is State Registered Nurse, are employed as full time school nurses.

At the beginning of 1968 the nursing establishment was 23 full time school nurses and one superintendent designated as "Deputy Superintendent Health Visitor/School Nurse".

The advent of the comprehensive school system made it necessary reconsider our policy on school health nursing staff. In order to give these schools, situated on the City's periphery and housing 1,200—1,700 children, some nursing coverage more nurses were required. As this was not financially possible it was decided to increase the number of staff by replacing the three full time nurses, due to leave in 1968, with six part-time nurses to be known as "Clinic Nurses". They would work in term time only for 30 hours per week.

The chief work of the full time school nurse continues to be assisting medical officers in routine medical inspections and in immunology sessions, hygiene inspections, Heaf testing, vision testing and home visiting regarding failed appointments, helping in completion of questionnaires for research projects, participation in co-ordinating committees and increasingly giving advice to parents are all part of the day to day work of the nursing staff.

The present day school nurse realises as do other workers, that the best interests of the child are served by co-operating and communicating with other agencies. Educational psychologists, speech therapists, health visitors, education welfare officers, probation officers are now part of the everyday scene in all of the area clinics.

Much time is spent in organising visits to schools for the various purposes of school health at a time to suit the convenience of the school. In schools where there is a medical room reserved for the

purpose of school health, very little disruption of the school work should occur. It is, however, unfortunately true that nurses have to work in some schools under great difficulty. The service tends to become less effective if carried out in a dreary non-purpose clinic or in staffroom or classroom.

The major part of the health education programme is undertaken by health visitors, but the school nurse is expected to participate in health education for children in school. A series of lectures was given during the year by one nurse to a group of girls competing for the Duke of Edinburgh Bronze Award with great success.

Escort duties are occasionally the responsibility of the school nurse, particularly when a seriously handicapped child is being transported to and from residential school.

Several of the school nurses have particular responsibilities. One does valiant work with the handicapped child at Pendower Hall. The educationally subnormal child needs more supervision and care than the normal child and one nurse is selected to care for them. Audiometry screening and testing is carried out by a member of the nursing staff.

More and more emphasis is being placed on the early detection of deviations from normal which the school nurse has excellent opportunities for observing. To help her play her part in this role she is kept up to date by monthly in-service lectures and attends statutory refresher courses. The in-service lectures during 1968 included "Genetic Counselling", "Muscular Dystrophy" and "Immigrants in School". Study day conferences are also arranged by the Chief Nursing Officer who is responsible to the Medical Officer/Principal School Medical Officer, for all members of the Local Authority Nursing team. In 1968 the study day theme was "Drugs, their uses and abuses".

The school nurse is increasingly involved in the training of students, mainly nursing, who need experience in the field of Community Nursing.

Statistics

Numerical data of the work of nurses in 1968 is given in the following tables:—

2. Return of Work in School Clinics by School Nurses

Defect or Service	Number of Children	Total Treatments
Skin—Septic	2,225	5,167
Scabies	142	175
Ringworm	7	25
Other	1,890	3,760
Ear Conditions—		
Wax in Ears	70	148
Discharging Ears	45	343
Eye Conditions—		
Conjunctivitis	56	74
Other External Eye Conditions	219	278
Spectacles	422	220
Vision Tests	655	551
Tonsillitis	21	10
Acute Infectious Fevers	41	10
Injuries	1,556	1,838
Malaise	293	263
Follow-up Inspections	210	292
Head Inspections	319	222
Cleansing	479	1,121
F.F.I.'s	1,253	1,154
Miscellaneous	2,218	2,392
Total	12,121	18,043

3. Inspections Performed by Nurses

Hygiene Inspections	85,329
Head Inspections	26,331
Follow-up Inspections	5,466

4. The Work in Clinics on School Premises

The number of Clinics on School Premises in 1968 were:—

Primary Schools	17
Secondary Schools	17

In the large secondary schools a nurse visits each day. The work done was as follows:—

Defect or Service	Number of Children	Total Treatments
Skin—Septic	4,506	7,022
Scabies	79	61
Ringworm	2	2
Other	5,195	8,629
Ear Conditions—		
Wax in Ears	113	103
Discharging Ears	109	111
Eye Conditions—		
Conjunctivitis	201	232
Other External Eye Conditions	431	483
Spectacles	134	91
Vision Tests	499	412
Tonsillitis	84	34
Acute Infectious Fevers	21	21
Injuries	4,121	4,745
Malaise	1,450	2,571
Follow-up Inspections	339	109
Head Inspections	409	174
Cleansing	42	61
F.F.I.'s	80	70
Miscellaneous	2,820	2,670
Total	20,635	27,597

5. Duties Performed by School Nurses outside Clinics

Home Visits

For Hospital	45
For Inspection of Home	79
For Other Reasons— (Failed Appointments and follow up visits etc.)	941
Children escorted to Clinics or Hospitals	127
Children escorted to and from Residential Schools	109
Total	1,301

SPECIAL CLINICS

These have been provided as in previous years.

OPHTHALMIC

Three ophthalmic medical practitioners visit school clinics for the examination of pupils and the prescription of spectacles. The number of sessions were provided as follows:—

Mr. Davies, seconded by the Regional Hospital Board
2 sessions per week

Dr. Milne, employed by the Local Education Authority
 $1\frac{1}{2}$ sessions per week

Dr. O'Leary, employed by the Local Education Authority
2 sessions per week

The refraction work was as follows:—

Number of New Cases refracted	..	..	663
Number of Old Cases refracted	..	..	761
Number of New Cases outstanding at end of year	..	..	55
Number of Old Cases outstanding at end of year	..	..	370

The smaller number of children refracted has resulted from fewer children referred. This was because of staff shortages which interfered with the programme of vision screening.

Number of children referred to Newcastle General Hospital on account of squint	..	90
---	----	----

There has been a tendency for the Clinic at the General Hospital to refer cases back to our clinic for retest and surveillance after they have been fully investigated. In this we are glad of the opportunity to reciprocate. Indeed a system of ophthalmic treatment is emerging in which the Hospital, Optician and Local Authority are closely associated.

In addition the service arranges for the repair or replacement of damaged or lost glasses:

Number of Spectacles repaired or replaced in 1968	..	..	..	..	915
--	----	----	----	----	-----

A sum of £280. 2. 11d. was charged to the Education Committee by the Executive Council in connection with this work.

HEARING ASSESSMENT

(*Dr. B. Buckley*)

During the year under review the work of the Hearing Assessment Clinic continued on the lines of the previous year. The larger part of the normal load now centres on children of school entrance age and below that.

The following summary of the past three years is interesting.

				1966	1967	1968
A.	New cases attending Clinic	..	..	276	311	242
B.	Cases reviewed	..	..	82	51	67
C.	Total cases attended	..	..	358	362	309
D.	Cases discharged	..	..	229	330	279
E.	Number of Audiometer tests	..	..	289	338	290
F.	Number of cases referred to:—					
	(a) Hospital or G.P.	..	..	173	159	137
	(b) Speech Therapy	..	..	5	6	9
G.	Handicapped Deaf Pupils ascertained	..	..	11	7	9
H.	Number of Pupils on register with:—					
	(a) Hearing Aids	..	..	40	43	42
	(b) Number of Hearing Aids issued			4	8	4

There were no staff changes during the year. The peripatetic teacher whom it was hoped would commence in April has not up to the present assumed duties. Liaison was maintained with the Speech Therapy Department and with the trainee health visitors. Visits were made to the units at Cowgate and Slatyford Lane.

A portable Amplivox audiometer was purchased with a view to the extension of screen testing in the ordinary schools. Although the special schools were visited, limitation of personnel made it impossible to approach the others. Improved equipment was installed at the Slatyford Unit.

The occasion should not pass without thanking the Consultant E.N.T. Surgeons and Mr. L. Evans, Headmaster, Northern Counties School for the Deaf, for their unfailing help and courtesy on all occasions.

AUDIOMETRY

(Nurse T. Chesterton)

Arrangements for audiometry have continued on the usual lines. It has been possible to investigate any child, reported by the head-teacher, with suspected deafness immediately and to do audiometric testing in those schools where a quiet room is available.

The provision of an Amplivox 51 portable Audiometer during the year has proved invaluable.

The yearly check of hearing aids issued to children in ordinary schools has been completed. Children in the partial hearing units are now checked by the group teachers.

Sweep testing is being done in all E.S.N. schools, including St. Peter's School, which opened at Easter 1968.

Student health visitors have attended audiometry sessions for instruction and practical demonstration.

Statistics of the numbers of tests done have been included in the preceeding report of Dr. Buckley.

REPORT ON THE SCHOOL DENTAL SERVICE

(Dr. J. C. Brown, Principal Dental Officer).

General

A full-time comprehensive service was provided from the Central Clinic throughout the year while Middle Street Clinic and the Kenton Mobile Unit were also fully operational.

The peripheral clinics were open for treatment mostly on alternate days and towards the end of the year a second Mobile Unit was purchased and put into service in the West End of the City replacing the static clinics at Pendower School and Atkinson Road.

An assistant dental officer resigned in January and it was not until midsummer that the services of two part time officers could be obtained to replace him. The dental auxiliary also left the service towards the middle of the year and this vacancy has not yet been filled. This was a considerable loss to the service as these young ladies are extensively trained in the treatment of the very young children and are admirably suited to talk to our younger patients on the care of the teeth and generally gain their confidence. In spite of the above losses however the service as a whole was not greatly affected and continuity of treatment was maintained over the year.

Dental Inspections

Over 37,000 children were examined in school, but it was not possible to get round all the City's schools during the year, owing to movements of senior departments and to a lesser extent, the introduction of the second Mobile Unit. However, the very few schools not dentally inspected will be visited in the early months of the new year.

It is worth remarking here that the picture seen nowadays at a school inspection, particularly of senior pupils is entirely different from that of say twenty years ago. To find a totally neglected mouth today in a senior school is a rarity, and on the average perhaps one child in every five or six seen requires attention whereas in the years immediately succeeding the war perhaps some fifty percent of the children examined required treatment, frequently of a drastic nature.

The National Health Service, the School Dental Service and the increasing awareness of the importance of dental health have all combined in providing this relatively happy state of affairs.

Treatment

As in former years most of the dental officers' time was given over to conservation work and over 15,000 fillings were inserted.

In this connection it can be stated that each child attending for the first time for fillings is sent an appointment some six months after his visit to the clinic to attend again for a "check up" and in this way a list of regular "patients" has been built up for each clinic. These "re-visit" appointments have on the whole been very well kept.

The addition of fluorine to the City's water supply towards the end of the year is indicative of the increasing awareness of the public generally to the importance of dental health, and its influence on the incidence of caries in the school children's teeth will be plotted from year to year although it will be some considerable time before results can be assessed.

Extractions, as in former years were carried out mostly under general anaesthesia and over 2,000 anaesthetics were administered. The daily emergency session at the Central Clinic was well attended and numbers of up to fifteen or sixteen patients per session were not uncommon.

It is satisfactory to know that this will probably be the last year of our tenancy of this building, where the exasperation of having to administer general anaesthetics daily in an atmosphere of constant noise and din is upsetting everyone concerned.

Orthodontics

The great majority of regulation work was undertaken by Mr. Ferguson at the Central Clinic where x-ray and laboratory facilities are at hand. The more simple cases were however seen as far as

possible at the patients nearest clinic either by the dental officer in the area or by Mr. Ferguson at one of his regular visits.

Dental Health Education

Illustrated talks and lectures on oral health and hygiene were given in the schools by the dental auxiliary. These were popular particularly with the younger children to whom the visit to the dentist was presented as an adventure, and to whom interesting stories and illustrations were wrapped around the "do's and don't's" of dental care.

It is regretted that the auxiliary, Miss McTigue, resigned in mid-summer to take up a similar post near her home and the vacancy has not yet been filled.

Hospital Liaison

Close touch was maintained through the year with the Sutherland Dental Hospital and the Dental Department of the Royal Victoria Infirmary to whom several cases were referred, and from where consultant advice and treatment was always available.

Arrangements for transport from the Ambulance Service worked smoothly although calls for cars for cases of bad recovery from general anaesthetics have not been nearly as frequent since Fluothane has been used in conjunction with nitrous oxide and oxygen—the "gas" of former days.

Details of the work carried out for the year are as follows:—

	Age in Years			
	5—9 years	10—14 years	15 years & over	Total
(a) <i>Attendances</i>				
First Visit	3,860	3,109	383	7,352
Subsequent Visits	5,645	7,498	644	13,787
Emergencies	1,045	518	59	1,622
Additional courses of treatment commenced	520	889	69	1,478
(b) <i>Treatment</i>				
Number of fillings in permanent teeth	2,816	6,376	760	9,952
Number of fillings in deciduous teeth	4,598	1,146	—	5,744
Number of teeth extracted— permanent	424	1,246	199	1,869
Number of teeth extracted— deciduous	3,396	818	—	4,214
Number of pupils x-rayed				368
Prophylaxis				3,070
Number of teeth otherwise conserved				875
Number of teeth root filled				17
Number of inlays				8
Number of crowns				20
Number of courses of treatment completed				4,905
(c) <i>Prosthetics</i>				
Number of pupils supplied with F.U. or F.L. (first time)	—	4	—	4
Number of pupils supplied with other dentures (first time)	3	25	8	36
Number of dentures supplied	3	40	10	53
(d) <i>Orthodontics</i>				
Cases remaining from previous year				377
New cases commenced				296
Cases completed				123
Cases discontinued				21
Number of removable applian- ces fitted				410
Number of fixed appliances fitted				—
Number of pupils referred to Dental Hospital				8
(e) <i>Anaesthetics</i>				
Number of general anaesthetics given	1,382	668	48	2,138
Number given by Dental Officers				4

INSPECTIONS

Number of pupils inspected for first time at school	..	..	..	37,308
Number found to require treatment	..	..	..	17,908
Number offered treatment	..	..	..	17,512
Number of pupils inspected for first time in clinic	..	..	..	7,047
Number of pupils re-inspected in school or clinic	..	..	..	2,136
Number of re-inspected pupils found to require treatment	..	..	..	1,837

SESSIONS

Number of sessions devoted to treatment..	..	..	..	2,903
Number of sessions devoted to inspection	..	..	..	157
Number of sessions devoted to Health Education	..	..	..	74

HANDICAPPED PUPILS

In the course of 1968 a number of events have occurred in the Country and in the City, which are worthy of record, because they will no doubt influence the development of the Education Services as they affect handicapped pupils of the future.

Two reports on the blind and partially sighted, one from the Department of Education and Science in England, and one from the Ross Foundation in Scotland, have appeared within four months of each other. The former is confined to a survey of children in Blind and Partially Sighted Schools. Whilst this report refrains from recommendations, it contains information which will no doubt stimulate thought and action. For example, it brings out the large emotional problem which exists among blind children—a problem which teachers of the blind have hitherto tried to cope with, unaided by the psychiatric services. Attitudes to parents, teachers and school, as might be expected, suffer as a result.

Circular L.W.A.L. 9/68, of the Department of Health and Social Security, introduces revision of Form B.D.8., which differs only in format. The attached notes recommend that infants should preferably be classified as partially sighted. Where, however, it is desirable to provide residential education before statutory school age, this may be difficult to put into effect owing to lack of schools or nurseries for the partially sighted.

Circular 9/68 of the Department of Education and Science deals with the issue of head worn hearing aids and consolidates certain information, already given by the Ministry of Health. The issue is experimental to children of seven years and older, superiority of this aid over the Medresco in performance, is not claimed. Arrangements are made for the repair of these aids, but if damaged beyond

repair the Medresco Aid will be issued in replacement. Arrangements are also in hand for the training of children in the use of the aid at Hearing Aid Centres.

In Circular 18/68 of the Department of Education and Science, a review of children now in hospitals for the mentally subnormal is called for, in order to discover any who might prove suitable for education in a Special School. This could prove a useful preliminary step towards the transfer of Training Centres to Education Authorities.

The following local developments took place during the year:—

1. Residential School for maladjusted pupils: Building of this School, which is being provided by National Association for Mental Health on a site at Walbottle has commenced. The School provides for children aged 7—13 years and the headmaster has been appointed. It is due to open in April, 1970.

2. Pendower Hall School: Existing arrangements for the replacement of the present building have been modified to include residential accommodation and has received authorisation by the Department of Education and Science. The estimated cost of the work is £61,100 and is to be included in the building programme of 1970/71. The Architect has been appointed and plans have been submitted.

3. St. Peter's Primary E.S.N. School: This School opened at Easter 1968 and is now well established. The present buildings are antiquated and a project to replace them has been approved, at a cost of £85,500, for inclusion in the Special Schools major building programme for 1971/72.

4. Premises were found for the unit for seriously speech handicapped pupils at Kenton Bar Primary School, but it has not so far been possible to secure a Speech Therapist.

5. Remedial Classes: An increase in the number of remedial classes in primary schools was reported to the Education Committee. The numbers of children attending was as follows:—

Benton Park	..	..	..	18 children
Hilton	..	..	..	13 „
Montagu	..	..	..	16 „
Ravenswood	..	..	..	18 „
The Walling	..	..	..	20 „
English Martyrs'	..	..	..	15 „

More classes were originally planned but it was not found possible to staff them with teachers with the necessary interest, experience and qualifications for this type of work.

It was decided to replace streaming in secondary schools with mixed ability blocks. This would eliminate remedial classes. The present provision is as follows:—

REMEDIAL CLASSES IN SENIOR SCHOOLS 1968

School						1st years	2nd years	3rd years
Benwell ..	..	..	..	..	..	1	1	1
Blakelaw ..	..	..	..	..	..	1	1	—
Heaton ..	..	..	..	..	..	1	1	—
John Marley ..	..	..	..	..	..	1	1	1
Kenton ..	..	..	..	..	..	1	1	—
Slatyford..	..	..	..	..	..	1	1	—
Walker ..	..	..	..	..	..	1	1	—

6. In-service training of teachers in special schools: Miss Bryant at Pendower Hall was seconded to attend a one year advanced course for teachers of physically handicapped pupils, at the University of Newcastle upon Tyne, in the academic year 1969/70.

The staff of Eastview School were given permission to attend a one day course at the University of Newcastle upon Tyne, organised by the Association of Education of Maladjusted Pupils.

Mr. Sidgwich of East View School was seconded to attend the Diploma Course for teaching E.S.N. pupils at the Institute of Education in the University of Cambridge.

The statistics which follow take their usual form. Children have been allocated to the category of their primary handicap.

EDUCATIONAL TREATMENT—STATISTICS

1. Ascertainment

Pupils Classified—Education Act, 1944, Section 34 (1)

Category	Number of Pupils Classified
Blind	—
Partially Sighted	1
Deaf	7
Partial Hearing	3
E.S.N.	94
Maladjusted	32
Physically Handicapped	23
Epileptic	1
Delicate	6
Speech	1

The number of pupils found to be unsuitable for education in school in these examinations was 18.

Decision deferred 24.

2. Special Educational Treatment Recommended:

Education Act, Section 33

Special School—Day	117
Residential	43
Ordinary School	*1
Home Teaching	5
Nursery School—Ordinary	—
Special	5

*Children recommended admission to a remedial class in an ordinary school are not shown, this is arranged informally by the Educational Psychologists.

3. Treatment Provided

A. CHILDREN PLACED IN SPECIAL SCHOOLS DURING 1968
(EDUCATION ACT, SECT. 34(iv))

Category	No. of Children Placed	
	Day	Residential
Partially Sighted	—	—
Deaf	8	1
Partial Hearing	2	—
E.S.N.	90	9
Epileptic	2	—
Maladjusted	10	3
Physically Handicapped	18	2
Delicate	5	—

Children Provided for under Section 81 Education Act

Parents of two handicapped pupils were assisted under Section 81 of the Education Act.

Number of pupils awaiting admission to special schools at the end of the year were:—

	Girls	Boys
Day Special Schools	10	6
Residential Special Schools ..	4	13

B. NUMBER OF PUPILS BEING EDUCATED IN SPECIAL SCHOOLS AT THE END OF 1968

Category	Nursery	Day	Residential	Grammar
Blind	—	1	5	1
Partially Sighted	—	28	—	—
Deaf	4	16	15	2
Partial Hearing	—	22	—	—
Educationally Subnormal	—	550	50	—
Epileptic	—	6	3	—
Maladjusted	—	45	18	—
Physically Handicapped ..	—	117	5	—
Delicate	—	22	3	—

Number of children who received education at
Stannington Hospital School 86

Number of children who received education at
Sanderson Orthopaedic Hospital 101

Total number of children who received educa-
tion in other hospitals 413

4. Periodic Review of Handicapped Pupils

Category	Number of pupils reviewed prior to final examination*
Blind	2
Partially Sighted	10
Deaf	—
Partial Hearing	2
E.S.N.	156
Maladjusted	2
Physically Handicapped ..	16
Delicate	15

*In addition Dr. Walker visits Pendower Hall each week to review pupils.

Following these examinations the original recommendation was varied as follows:—

De-classified and return to ordinary school	40*
Children in ordinary schools de-clasified	3
Recommended for Notification to L.H.A. as unsuitable for Education in School	4
Transfer from Day to Residential Special School	14
Transfer from Day to Residential School	4
De-notified and recommended admission to Day Special School	2

The figure for the first time includes pupils discharged from Pendower Hall.

5. Final Examinations

Category	No. of Pupils Examined
Deaf	5
Blind	1
E.S.N.	37
Maladjusted	2
Physically Handicapped ..	18

Arising out of these examinations, leavers were recommended for supervision, training and help by the Local Authority Social Services after leaving school.

Blind	1
Deaf	5
Maladjusted	2
E.S.N.	29

SPEECH THERAPY

(Mrs. M. Ainsley, Senior Speech Therapist)

The past year has been one of disappointment at the curtailment of the service due to staffing difficulties within the department.

It was not possible to open the Unit for children with severely defective speech as we were unable to find a suitable speech therapist to work it. My thanks are due to Miss Dowsland, the Headmistress of Kenton Bar Primary School, where the Unit was to be sited and to Dr. Shaw for their help and co-operation in this project.

Miss J. A. Huskisson left the service in July of this year to take up an appointment in the University of Newcastle and I should like to record my appreciation for the valuable service she gave to the children of this City during her time in the department.

Clinic time was divided as follows:—

Mrs. Ainley

Central Clinic	5 sessions
Atkinson Road Clinic	2 sessions
Pendower Hall School	3 sessions

Miss Huskisson

Central Clinic	4 sessions
Middle Street Clinic	2 sessions
Pendower Hall School	1 session
Bentinck Clinic	1 session
Kenton Clinic	2 sessions

It is pleasing to record the increasing co-operation of all members of staff at Pendower Hall School to the benefit of the pupils. My thanks are personally to Dr. Walker for the interest he has shown and also to Mr. Damant for the co-operation of his teaching staff.

A case conference is held each term to discuss pupils and plan further action.

The number of children seen in 1968 were as follows:—

Number of New Patients	62
Number of Discharges ..	42
Number of Units Given ..	1,870

During the year a number of visits were made to schools at the request of head teachers, where the number of children concerned was large. Advice was given concerning their problems and the way they should be handled in school.

It is to be hoped that the present staff shortage will not be prolonged to enable the investigation and treatment of the severely speech handicapped child to be commenced.

HEALTH EDUCATION

A review of the activities of the School Health Department in 1968, shows that it performed the role of—1. Advice. 2. Sympathetic support. 3. Active participation in the work of the Education Authority.

General

Matters worthy of note in 1968 were:—

1. In December 1968 the Central Council of Health Education was dissolved and replaced by the Health Education Council.

One of the declared aims of this new body is to assist local programmes of health education in co-operation with local authorities.

2. In the latter part of the year there appeared the publication, 'A Handbook of Health Education', prepared by the Department of Education and Science. This is the fifth edition of a publication of the former Board of Education in 1928, entitled "Suggestions on Health Education": for the consideration of teachers and others concerned in the health and education of school children. With the passage of editions this has become a book of reference directed to workers in fields beyond the public elementary school, and thus it finds reference and recommendation in the Handbook of Communicable Diseases and School Health for Independent Schools. This edition extends to the consideration of the needs of students and lectures in Colleges of Further Education. Nevertheless, the format has changed little over 40 years. Opportunity has been taken in this edition to bring the material presented up to date and it will continue to be accepted as an authoritative guide, in both schools and school health service.

The Curriculum Study Group: This group, referred to in my previous report, continued to meet in 1968 and in the latter part of the year presented a comprehensive report to the Teachers Consultative Council of this Authority. It has since been presented to the Education Committee and set to print, possibly for distribution in schools.

The Report makes certain recommendations, namely:—

- (a) A conference of head teachers should be convened to discuss its recommendations.
- (b) A general conference of interested teachers with representatives of the Health and Social Services Department.
- (c) In-service training, which would include
 - The training of Health Education Co-ordinators of Schools
 - Occasional courses for class teachers
 - Study groups for specialist teachers.

The creation of this study group and the issue of this report represents considerable initial progress in the development of health education in the schools. The personal responsibility of head

teachers for the curriculum, (apart from religious education), in individual schools has always been a jealously guarded trust. Their acceptance of the advice contained in this report, (in which three members of the School Health Service took part), in toto or in part has yet to be obtained.

The report in fact contains a comprehensive syllabus of health education for infants, junior and senior schools; together with lists of teaching materials, and information sources. It will, therefore, prove a very useful instrument in the hands of any head or specialist teacher faced with the task of organising the work of health education in the school.

When teachers have received and had an opportunity to study it, this may well prove an effective force in consolidating and shaping health education throughout the City.

Meetings with head teachers representatives: Three meetings were arranged during the year, in the course of which, the booklet "About Drugs", produced by the Health Department, Wolverhampton, was brought to members notice.

The film "Dying for a Smoke" was also shown.

Campaign subjects selected by the Health Education Committee of the Health and Social Services Department included two subjects important to children of school age:—

- A. Vision and Squint: This was pursued in the period January—March and the approach was less directly to the children themselves and more towards those responsible for their care, i.e. doctors, nurses, teachers. The following measures were taken:—
 - (i) School medical officers were alerted to the importance of squint.
 - (ii) A Consultant from the R.V.I. addressed a meeting of doctors and school nurses on the subject of 'Vision and Squint'.
 - (iii) An investigation was conducted in primary schools, into the relationship between certain eye defects and initial reading ability. The findings were summarised and circulated to all primary schools. A point was made to all head teachers that it is important that all children, for whom glasses have been prescribed for close work, should wear them when engaged in reading practice and that attention should also be given to posture. In this connection the arrangements whereby

schools are informed of the names of children for whom spectacles have been prescribed, were overhauled.

- (iv) Nurses conducted an investigation into the condition of spectacles worn in school. This helped to emphasise this part of their normal duties and the results no doubt reached the attention of teachers at this stage.
 - (v) The June number of the Bulletin, to general practitioners, contained a passage written by a consultant on defective vision.
 - (vi) Copies of a poster, drawing attention to the importance of defective vision, were ordered from R.O.S.P.A. for distribution to and display in senior schools.
 - (vii) Finally, the feature section of my Annual Report on the School Health Service was devoted to vision and squint. This report is addressed to members of the Education Committee, who use information which it contains, when addressing meetings. Copies are also distributed to the schools and to the public libraries.
- B. Feet and Footwear: This subject occupied the July—September quarter. The campaign covered three topics, namely 1. Selection of Footwear, 2. Foot Hygiene, 3. Chiropody Prevention, and was directed to:—

Schools

Clinics

The General Public

So far as schools were concerned special attention was given to the matter in hygiene inspections.

Posters were also distributed to schools and school clinics for display.

The film “Fifty Two Small Bones” was borrowed and shown in certain schools.

Health visitor/school nurses also visited schools to give talks on the subject.

INFECTIOUS DISEASE AND IMMUNISATION

1. General Review

Weather conditions were less severe in 1968. The winter was relatively mild, and the summer characterised by long periods of fair

weather. There was a longer spell of cold weather just before Christmas.

There were no major outbreaks of infectious disease, although there were a number of cases of infective hepatitis during the summer. One boy died from hepatic insufficiency following infection.

Infective hepatitis became a notifiable disease under the Public Health (Infective Jaundice) Regulations, 1968. All cases which came to the notice of the School Health staff were notified to the Medical Officer of Health.

2. Infectious Diseases

(i) Notifiable Disease

Measles	..	..	..	..	..	..	..	676
Scarlet Fever	..	..	..	..	..	..	..	15
Whooping Cough	..	..	..	..	..	..	..	5
Tuberculosis—Respiratory	..	..	..	..	..	..	..	7
Other Forms	..	..	..	..	..	..	..	1
Meningococcal Meningitis	..	..	..	..	..	..	..	—
Dysentery	..	..	..	..	..	..	..	4
Acute Pneumonia	..	..	..	..	..	..	..	3
Food Poisoning	..	..	..	..	..	..	..	4
Erysipelas	..	..	..	..	..	..	..	—
Rubella	..	..	..	..	..	..	..	230
Acute Rheumatism	..	..	..	..	..	..	..	—
Jaundice	..	..	..	..	..	..	..	16

(ii) Contagious Skin Disease

The number of pupils known to have received treatment for the following conditions were:—

Impetigo	..	..	..	..	..	27
Scabies	..	..	..	..	..	44
Ringworm—Scalp	..	..	..	..	—	
Body	..	..	..	..	9	

(iii) Self Induced Disease

The use of Narcotic drugs by young people has not as yet proved to be a problem in Newcastle. There is, however, cause for anxiety in the abundance of medicinal drugs in tablet form being prescribed and consumed in the general population. Side effects of potent drugs, suicide attempts, and accidental poisoning of young children allowed to lay their hands upon drugs left about are the common and obvious consequences.

The prevalence of venereal disease among adolescents has re-

mained unchanged in recent years as shown below. There has, however, been a marked increase in the number of cases of gonorrhoea among girls in 1968.

VENEREAL DISEASES 1963-1968

		1963	1964	1965	1966	1967	1968
Girls	Gonorrhoea	21	20	20	27	23	37
	Syphilis	—	3	—	—	—	—
	Total	21	23	20	27	23	37
Boys	Gonorrhoea	23	13	12	16	16	22
	Syphilis	—	—	1	—	—	—
	Total	23	13	13	16	16	22

3. Preventive Measures

(i) Infective Hepatitis

Gamma Globulin is available for children in danger of contracting the disease, but opportunity to use it has not presented itself. As each case makes its appearance in school, contacts are sought and additional cases come to light, but the trail is usually lost. At the same time toilets and washing facilities are inspected. The condition of school toilets is slowly improving throughout the City. It has been found possible in recent years, when bringing older schools up to date, to bring toilets into the main building with marked improvement of the washing facilities. During the year the school building programme included the modernisation of toilets in a further five schools.

(ii) Poliomyelitis

The number of pupils protected against poliomyelitis was as follows:—

	5—15 years	Over 15 years
Oral Polio Vaccine	3,300	171

(iii) Diphtheria

3,079 pupils have been protected against diphtheria.

(iv) Measles

Following preliminary studies in the use of measles vaccine in selected areas, of which Newcastle was one, the Ministry of Health was in a position to advise the use of measles vaccine on a national scale in June. Arrangements similar to those reported in my report in 1967 were put in hand and the number of children vaccinated was 444.

(v) Other Forms of Immunisation

T.A.B.	..	..	..	..	..	118
T.A.B.T.	..	..	..	..	..	609
Tetanus	..	..	..	..	..	73
Yellow Fever	—5—15 years				..	233
	Over 15 years				..	1,390
Smallpox—Primary	..	..	..	..	..	497
Re-Vaccination	..	..	..	..	..	817

(vi) Tuberculosis**(a) TUBERCULIN TESTING**

		Age Group		
		5 years	8 years	11/12 years
No. of parents to whom circulars were sent	.. .. .	3,872	3,395	3,667
No. of children for whom consent was received	.. .. .	3,604	3,005	3,121
No. of children tested and read	..	3,441	3,025*	3,060
Grades of reactions obtained—	1	236	273	196
	2	150	177	322
	3	14	59	90
	4	5	7	23

*Including Absentees from 1967

(b) B.G.G. VACCINATION

Pupils received protection against Tuberculosis as follows:—

No. protected in Maintained Schools	..	2,077
No. protected in Independent Schools	..	438
No. of pupils X-rayed	.. .. .	127

(c) X-RAY OF TEACHING STAFF ON APPOINTMENT

Number of X-ray examinations arranged for teachers appointed to the Education Staff	267
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**VII—Report of the
CHIEF
PUBLIC HEALTH INSPECTOR**



CHIEF PUBLIC HEALTH INSPECTOR:

L. MAIR, F.R.S.H., F.A.P.H.I.

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR:

A. P. ROBINSON, M.R.S.H., F.A.P.H.I.

DIVISIONAL INSPECTORS:

Districts (General)	..	..	..	D. HARWOOD, M.A.P.H.I.
Food Inspection and Control	..			G. F. PHILLIPS, F.A.P.H.I.
Housing and Smoke Control Survey				R. G. PUFFITT, D.M.A., F.R.S.H., M.A.P.H.I.

SENIOR PUBLIC HEALTH INSPECTORS:

Administration	..	..	..	D. G. JONES, M.A.P.H.I., M. INST. P.C.
West Division	..	..	..	G. BAILEY, M.R.S.H., M.A.P.H.I.
Central Division	..	..	..	A. IBBITSON, M.A.P.H.I.
East Division	..	..	..	T. McCOWIE, M.A.P.H.I.
Food Inspection and Control	..			S. HOLLIDAY, M.A.P.H.I.
Housing	..	..	..	J. G. SIMPSON, M.A.P.H.I.
Smoke Control Survey	..	..		L. SMALLEY, M.A.P.H.I.

INSPECTORATE:

District Public Health Inspectors	..	18 (12 Vacancies, 3 of which are filled temporarily by Technical Assistants).
Public Health Inspectors (Food Inspection and Control)	..	3 (1 Vacancy)
Pupil Public Health Inspectors	..	12 (3 Vacancies)

AUXILLARY STAFF:

General Assistants	..	..	..	2
Technical Assistants	..	..	..	7 (1 Vacancy)
Authorised Meat Officers	..	..	..	5
Smoke Control Investigators	..	..	..	2 (1 Vacancy)
Rodent Control Staff	..	..	..	8
Slaughterhouse Labourer	..	..	..	1

ADMINISTRATIVE SECTION:

Senior Administrative Assistant	..	..	..	Mrs. G. FREEMAN
Clerks	..	..	..	9 (1 Vacancy)
Shorthand Typists	..	..	..	2

INTRODUCTION

This introduction is penned, as in previous years, some time after the end of the year being reviewed and after the preparation of the following material in this report was completed. The lapse of a month or two enables a less prejudiced view to be taken of the year as a whole and the prior completion of the body of the report assists in the compilation of a more balanced introduction. Nevertheless, whether the past year of 1968 is viewed in retrospect from the first day of January of 1969 or whether one has allowed the passage of a few months to soften the trials and disappointments endured during the previous twelve months, from neither vantage point could it be said that 1968 brought achievements in the field of environmental health which would justify the application of that well-worn cliché—"a year of steady progress"—which is so frequently resuscitated at this time of the year by writers of annual reports of all kinds.

The true measure of progress can only be determined by appraising what was achieved during the year and comparing it with that which remains to be accomplished before the final objective is encompassed. On this basis, and it is submitted that any other yardstick would be unrealistic, the magnitude of the problems and tasks associated with smoke control, house repair and improvement and the squalor of multiple occupation in the West End, remain virtually undiminished particularly after due regard is had to the persistence and efforts expended in these fields during the year.

In our own city no smoke control order was made during the year, and although most other Tyneside authorities made relatively greater progress in this field, the unsatisfactory situation in Newcastle is merely indicative of the ignorant and apathetic attitude of the region as a whole. The very unfavourable position of Tyneside, and indeed the north east, when compared with the progress in other industrial areas of the country suggests that the lack of a concerted effort directed to air pollution abatement is probably, at least in part, due to so many local authorities independently pursuing, with greatly varying degrees of enthusiasm and success, their own separate policies of smoke control. Whatever views may be held on the merits of amalgamation, at least smoke control would much more quickly and effectively be established. It is hoped that, in the meantime, the Minister of Housing and Local Government

may give consideration to the new powers in the Clean Air Act of 1968 and require laggard Tyneside authorities to formulate and implement approved smoke control programmes with a specified date for completion.

In the field of housing, the question of repair and improvement still remains to be resolved. An immense amount of effort and time is devoted to these problems by way of discussion when conferring, consulting, reviewing and amending various plans, projects and programmes, but it must also be remembered that, at the present rate of progress, deterioration is almost certainly outpacing improvement. Fortunately, though it be on a rather restricted scale, much useful work is accomplished by the initiative of the individual house owner in seeking to improve his dwelling by means of a discretionary or standard grant. No doubt, even more houses could have been improved as a result of tenants seeking the Council to exercise its powers under section 19 of the Housing Act 1964, if more emphasis had been directed to the powers contained in that enactment.

A most vexatious problem which tended to increase during the year arose from circumstances associated with the end stages of slum clearance. The spasmodic demolition of vacant houses in clearance areas and the danger and nuisance caused by derelict buildings were the sources of numerous complaints, some of which involved the daily press. It was not uncommon during the year for an aggrieved occupier to direct a complaint to a newspaper organisation who were, apparently, so willing to arrange for the instant provision of a reporter, and often a photographer too, with a view to hastening the machinery of officialdom, so often a target for criticism, to resolve the problem. Assistance by the press is very often of great value and always appreciated by the harassed official but in almost every case of a complaint referred direct to a newspaper, there is a sound and valid reason for what appears to be undue delay, most frequently the impediment being the need to observe the formalities of a prescribed process of law.

During the year, the Health and Social Services Committee became more than ordinarily concerned over difficulties created by the depleted staffing situation of the public health inspectorate. As mentioned in my previous report, food hygiene standards and the supervision of food preparing premises, particularly of markets, cafes, licensed premises, night clubs, discotheques and such places

of public resort are not receiving the attention which their importance urgently demands. During recent years there has been a vast increase in the amount of food and drink consumed in such premises between the hours of 8.0 p.m. and midnight and indeed, to a later hour, and towards the end of the year a system of planned overtime for inspectorial staff was inaugurated. Regular late night inspections revealed in many cases, the existence of conditions which hitherto had merely been suspected, but the response and co-operation of the various managements, after the usual initial explanatory discussions, were readily forthcoming and the position in this field of activity at least, is very encouraging.

Nevertheless, the department is very short of qualified and experienced health inspectors and, unhappily, will remain so, until a greater awareness is shown of the need to adopt more positive and realistic measures to deal with this chronic situation.

HOUSING ACTS 1957—1964

During the year the inspection of unfit dwellings scheduled for clearance in the Housing Programme continued in the areas comprised in St. Peter's, Pont Street, Crawhall Terrace, Roger Street, Rye Hill, Byker Terrace, Emmerson Villas and Strachan Street. A total of 543 houses were inspected of which 348 were found to be unfit for habitation and suitable for inclusion in clearance areas. This figure is substantially lower than in both the previous year and in 1966, the principal reason being that during the year under consideration a much higher proportion of labour and effort was directed to the reinspection of houses and the preparation of "principal grounds" and other data in connection with the greatly increased number of houses dealt with at public local inquiries into the confirmation of the compulsory purchase orders indicated below.

Of the unfit houses included in the six orders dealt with by way of public inquiries, a total of 420 houses comprising 54% of represented houses were the subject of objections, a comparatively high proportion which further increased the volume of work of the Housing Section. The two orders confirmed during the year (Grace Street and Melbourne Street C.P.O's) were confirmed subject to modification when the Minister transferred 21 houses from the clearance area to added lands. These modifications constituted a variation of more than 6% of the total number of houses classified as unfit, a

proportion markedly in excess of that in recent years. Another indication of change in the character of current clearance areas is the rising number of well maintained payments being awarded. In 1968 the Minister allowed 138 such claims, a very much higher proportion than in any previous year. The number of individual unfit houses represented totalled 27, a figure much less than half than that during any previous year.

All of these circumstances merely confirm the changing nature of the slum clearance problem. No longer are there large tracts of unrelieved slumdom to deal with and of those houses which are, in fact, classified as unfit, an increasing proportion are in the border line category.

Emphasis in housing work should, therefore, demonstrably be moving from the demolition of the unfit house to the repair and improvement of the sub-standard house about which further reference is made later in this report.

Statistical Summary

At the end of the year the work of inspection was in progress in the Strachan Street and the St. Lawrence Areas which will form the subject of official representations early in 1969. The work of the Housing Section carried out during 1968 is presented below in statistical form:—

<i>Areas Represented to the Housing Committee</i>						<i>Houses</i>	<i>Families</i>	<i>Persons</i>
<i>Clearance Area</i>								
S. Peter's	..	..	..	..	..	75	140	391
Pont Street	..	..	..	..	..	67	127	294
Perkins Street	..	..	..	..	..	11	19	51
Crawhall Terrace	..	..	..	..	..	14	27	68
Rye Hill	..	..	..	..	..	163	299	692
Roger Street	..	..	..	..	..	12	11	29
Emmerson Villas	..	..	..	..	..	6	16	45
Totals						348	639	1,570

Orders Made

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Grace Street C.P.O.							
Clearance Areas	..	..	..	..	202	381	944
Added Lands	..	..	..	..	90	157	360
Heaton Park Road C.P.O.							
Clearance Areas	..	..	..	..	9	7	23
Added Lands	..	..	..	..	2	4	8
Brandling Place (East Front) C.P.O.	..						
Clearance Areas	..	..	..	..	4	4	4
Added Lands	..	..	..	..	4	4	10
Buddle Road C.P.O.							
Clearance Areas	..	..	..	..	357	679	2,064
Added Lands	..	..	..	..	110	213	479
Gill Street C.P.O.							
Clearance Areas	..	..	..	..	104	196	543
Added Lands	..	..	..	..	63	118	335
Burnaby Street C.P.O.							
Clearance Areas	..	..	..	..	95	168	419
Added Lands	..	..	..	..	23	36	77
Denmark Street (No. 2) C.P.O.							
Clearance Areas	..	..	..	..	154	283	826
Added Lands	..	..	..	..	58	67	163
Pont Street C.P.O.							
Clearance Areas	..	..	..	..	67	127	294
Added Lands	..	..	..	..	8	15	43
Totals	..	..	..	..	1,350	2,459	6,592

Public Local Inquiries Held

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Grace Street C.P.O.							
Clearance Areas	..	..	..	..	202	381	944
Added Lands	..	..	..	..	90	157	360
Buddle Road C.P.O.	..						
Clearance Areas	..	..	..	..	357	679	2,064
Added Lands	..	..	..	..	110	213	479
Gill Street C.P.O.							
Clearance Areas	..	..	..	..	104	196	453
Added Lands	..	..	..	..	63	118	335
Heaton Park Road C.P.O.							
Clearance Areas	..	....	..	..	9	7	23
Added Lands	..	..	..	..	2	4	8
Brandling Place (East Front) C.P.O.							
Clearance Areas	..	..	..	..	4	4	4
Added Lands	..	..	..	..	4	4	10
Burnaby Street, C.P.O.							
Clearance Areas	..	....	..	..	95	168	419
Added Lands	..	..	..	..	23	36	77
Totals	..	..	..	..	1,063	1,067	5,176

Orders Confirmed by the Minister

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Melbourne Street C.P.O.							
Clearance Areas	..	..	..	..	150	268	738
Added Lands	..	..	..	..	40	66	156
Grace Street C.P.O.							
Clearance Areas	..	..	..	..	183	354	881
Added Lands	..	..	..	..	104	184	423
Totals	..	..	..	..	477	872	2,198

Individual Unfit Houses

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
Number represented	..	..	..	..	27	52	130
Demolition Orders Made	..	..	..	..	2	6	1
Closing Orders Made (Part of House)	..	..	..	..	11	19	45
Closing Orders Made (Whole House)	..	..	..	..	18	42	102
Totals	..	..	..	..	31	67	148

Undertakings Given

					<i>Houses</i>	<i>Families</i>	<i>Persons</i>
To Close or Demolish:							
(i) Part of a House	These figures	..	..	..	3	3	6
	relate to houses						
	not included in						
(ii) Whole House	Clearance Areas	..	..	..	4	6	19
Totals	..	..	..	..	7	9	25

The Sub-Standard House

It is clear that the publication of the White Paper "Old Houses Into New Homes" in April 1968 was intended to emphasise the need to address more urgent attention to a policy of improvement and repair in respect of sub-standard houses of which there are far greater number in Newcastle than there have been of houses in all the clearance areas dealt with since the beginning of the century. Elsewhere in the country the pattern was perhaps not quite so pronounced, or at least certainly not as clear, as in Newcastle although there was in 1966 an admitted need for more reliable information about housing conditions.

The Tyneside House Condition Survey—To meet this need for reliable information regional surveys were subsequently carried out under the direction of the Minister of Housing and Local Government and the main results of the national sample survey, carried

out by teams of public health inspectors in different regions, were published as an Appendix to the White Paper.

Although various estimates had been made in the past of the condition of houses in the Tyneside region, very few had been based on actual inspections and it was thought that the time had come to carry out a carefully prepared sample survey of Tyneside housing so as to identify and classify the housing stock. The survey was based on the technique of sample size, sample frame and sample interval, outlined by the Denington Committee in Appendix III to their report, and a number of public health inspectors were seconded from the Newcastle Department to this survey each for an aggregate period of some 15 days spread over two months. The results of the survey will be published early in 1969, but it is known that so far as Newcastle is concerned the figures emerging from this exercise correspond very closely to previous departmental estimates.

That there will be a need for a continuous house building programme for many years ahead is a fact emphasised in the White Paper, but it is equally clear that within the same overall total expenditure on housing there must come in the immediate future a shift of emphasis from building new houses to improving existing houses. The repair and the improvement of sub-standard houses are matters to which attention has been directed in successive annual reports. During the past few years an immense effort and much expense has been devoted to the revitalisation of houses acquired by the Corporation in addition to the conventional improvement of privately owned dwellings. Nevertheless, the total results of all these efforts compare unfavourably with many other Tyneside authorities. In a Tyneside area of which Newcastle constitutes a third of the population, less than one-sixth of the houses improved during 1968 were in our city.

As indicated in the table below a total of 283 houses in the city were improved in 1968, of this figure 76 were owned by the Corporation and were acquired and revitalised as a result of the combined efforts of various Corporation departments. During the same period the remaining 207 dwellings, which were, of course, in private ownership, were improved as part of the routine work of the Public Health Inspection Services at an average total cost of £272 per dwelling. In all cases applicants were offered technical advice on the preparation and execution of works and on grant procedures.

Because the 12 point standard (and in many cases the 5 point

standard) provides a very satisfactory level of amenity sought by the vast majority of Novocastrians and because this level of improvement was achieved at the moderate average expenditure of £273 to the owner (plus £64 nett expenditure by the Corporation) in respect of improvement to the 12 point standard (and even much less in respect of the 5 point standard), the improvement of the privately owned sub-standard house by means of grant has many advantages and it is hoped that the introduction of new legislation in 1969 based on the White Paper, will encourage the declaration of "General Improvement Areas", an economical and effective method of raising housing standards that has been employed with advantage under existing legislation in other areas of Tyneside and which was advocated in my annual report for 1966 in respect of the Goldspink Lane area.

Details of applications for both discretionary and standard grants dealt with during the year are as follows:—

(a) Discretionary Grants

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average grant
51	44	4	2	45	£12,288	£273

(b) Standard Grants

No. of Applications				Grants		
Received	Approved	Refused	Pending	No. Paid	Total Paid	Average grant
197	185	5	5	162	£15,840	£98

The Repair of Houses.—One of the important provisions of the Housing Act, 1957 imposes the duty on every local authority to secure the repair of those unfit houses which are capable of being made fit at a "reasonable expense". One of the effects of the enforcement of this provision is to prevent, to a large extent, the creation of slum areas—areas where the continued neglect of sub-standard

property results in conditions which could be satisfactorily remedied only by the demolition and clearance of all the buildings in the area.

Had a policy of repair been vigorously pursued on a national basis during the post war years, the present slum clearance problem would today have been less pressing and certainly not now of such magnitude and it would seem that this aspect is acknowledged in the White Paper. The sample survey previously referred to showed that there are more than four million dwellings in the country (other than those intended for slum clearance) which need fairly substantial repair and of these there are probably more than 120,000 on Tyneside with perhaps more than 40,000 in our own city of which some 7,000 are suitable only for clearance.

It has been found to be expedient to abandon proposals for the "short term revitalisation" of certain classified sub-standard houses in the Housing Programme 1963—1981 and it will undoubtedly be to the advantage of the housing situation as a whole in our city if these houses, particularly those with up to a 15 years life, were examined and programmed into a policy of repair within the new wider repair powers that will be available late in 1969. To bring these houses up to a state of good repair will not only reduce the slum problem of the future but will, and this aspect is so frequently ignored, raise immediately the standards of domestic comfort and satisfaction for the long suffering occupants.

Houses in Multiple Occupation

Reference was made in my last annual report to the possibility of formulating a registration scheme for houses in multiple occupation in certain areas of the city. Attention was also drawn to the need to incorporate supplementary legal provisions in the Parliamentary Bill in preparation at that time to overcome the deficiencies inherent in the existing powers of the Housing Acts 1961—1964 relating to registration schemes. Further consideration of the registration scheme was deferred until near the end of the year when the Corporation Act of 1968 was brought into operation and a draft scheme had been prepared and was under consideration at the end of the year.

In the meantime, the work of dealing with houses in multiple occupation generally was continued in a pattern similar to that in

previous years. A notable development was the situation in that area north of Westmorland Road, now generally known as the Rye Hill Area, wherein there are numerous houses in multiple occupation. Because of the refusal of the Minister to confirm a compulsory purchase order made in earlier years, the owners of many of the houses, in respect of which Directions had been made prohibiting occupation, resolved to install amenities and bring back the property into use as a profitable investment. Because of the limited life of multi-occupied houses it was the policy of the department not to serve notices requiring the provision of amenities but rather to give Directions limiting the number of occupants, in some cases to nil. In the Rye Hill area however, it was on the owners' initiative that, in total, some considerable expenditure was incurred by them in this respect. Nevertheless, the end result of this venture by owners was that the multi-occupied premises in this area were still far from satisfactory as many of the houses themselves had come to the end of their useful life as dwelling units. Indeed, most of these houses in multiple occupation in this area were included in the Rye Hill representation, the compulsory purchase order for which is expected to be made early in 1969. With the clearance of the major part of the Rye Hill area and the revitalisation of the remaining portions, it is hoped that the longstanding and intractable problem of multi-occupation in that district will have been overcome.

In the appeal case mentioned in the statistical table below, the appeal by the owner was dismissed.

Houses in Multiple Occupation—Statistics

Number of inspections of houses	1,913
Number of houses reported to Committee for action ..	72
Notices served, Section 15, Housing Act, 1961	21
Notices served, Section 90, Housing Act, 1957	—
Notices served of Intention to give a Direction	30
Directions made	35
Variations of a Direction Order	23
Section 15, Housing Act, 1961, notices complied with ..	9
Section 15, Housing Act, 1961, notices in default ..	—
Applications under Section 18 (2) for local authority to do the work	—
Houses or parts of houses submitted for Demolition or Closing Orders	14
Houses forming part of prosecution	
(a) Section 15, Housing Act, 1961	2
(b) Section 19, Housing Act, 1961	7
Houses forming the subject of Appeal—	
Section 15, Housing Act, 1961	1

Unfit Houses—Demolitions and Closures

During the year there was a substantial decrease (from 788 to 525) in the number of houses closed or demolished compared with the number dealt with during 1967. These unfit premises comprised the following:—

	Houses
In clearance areas	415
Individual unfit houses.. .. .	27
On undertakings by owners (not in clearance areas)	22
On certificates of unfitness (Corporation properties)	61
	525

Unfit Houses—Rehousing

There was a slight reduction in the overall number of families rehoused during 1968 as compared with the previous year when the total figure was 1,150. However, a higher proportion were rehoused from clearance areas of which 17 families were rehoused as the result of voluntary undertakings from owners of houses in clearance areas in the West End which had not then become operative. Details are as under:—

	Families
Clearance Areas	980
Individual Unfit Houses	62
On undertakings by owners (not in clearance areas)	3
On certificates of unfitness (Corporation properties)	74
	1,119

RENT ACTS 1957 AND 1968

From the statistical summary below it will be seen that for all practical purposes the Rent Act of 1957 is a dead letter so far as rent restriction is concerned. Although the Rent Act of 1965 did not affect the then existing system of control of houses under the 1957 Act, the introduction of a system of “regulation” of rents together with the fact that the number of controlled tenancies had been substantially reduced because of slum clearance and the creation of new tenancies, tended to bring the protective provisions for the tenant into disuse. In any event these provisions were repealed by the Rent

Act of 1968 and the rent restriction provisions for controlled tenancies were re-enacted merely to continue to give protection to the dwindling number of controlled tenancies.

The number of certificates of disrepair remaining in force at the end of 1967 was 442 but since that date the position has been re-examined and as a result of the decontrol of certain tenancies and the demolition of houses in clearance areas and elsewhere, the number at the end of 1968 had been reduced to 371.

During the year only two applications for cancellation of Certificates of Disrepair were received as indicated below in the statistical summary.

Certificates of Disrepair

Number of Applications for Certificates	..	..	..	..	—
Certificates refused	..	..	..	..	—
Applications withdrawn	..	..	..	..	—
Undertakings received (Form K)	..	..	..	..	—
Certificates of Disrepair issued	..	..	..	..	—
Decisions pending	..	..	..	..	—

Cancellation of Certificates of Disrepair

	1954 Act Certificates	1957 Act Certificates	Total
Number of Applications for revocation or cancellation of Certificates of Disrepair	2	—	2
Certificates revoked or cancelled	2	—	2
Cancellation refused	—	—	—
Decisions pending	—	—	—
Certificates remaining extant.	—	—	—

Certificates of Disrepair—Position as at 31st December, 1968

	1954 Act	1957 Act	Total
Number issued	542	438	980
Number revoked or cancelled	364	245	609
Number remaining in force (as in register)	178	193	371

PUBLIC HEALTH ACTS 1936—1961

Nuisances

There was only a very small increase in the number of complaints received during the year but even so, the present figure of 3,204 is only a fraction of the numbers received each year before slum clearance began to make its influence felt. Nevertheless, the position would be still further improved if the interval of time between an official representation and the rehousing from the area concerned were reduced, as there still appears to be an extensive and avoidable delay occurring after the area has been dealt with by way of representation. From many of the hundreds of houses in areas, the orders for which await confirmation (or if confirmed the tenants await rehousing) complaints received are almost always in respect of structural defects. Because of the very limited life of these houses, in some cases a matter of only months, expenditure on maintenance is kept to a minimum and in any event to institute legal proceedings against an owner in these circumstances would undoubtedly invite the strictures of the court.

However, appraising the situation generally the degree of compliance with notices served requiring the abatement of nuisances was of a higher order during 1968 than in any year previously and this no doubt is due to the very firm line which is being taken against deliberate defaulters. Because of the chronic staff shortage it is not possible for district inspectors constantly to make repeated visits to premises and find that no work has been carried out. It has been found that legal proceedings instituted after ample warning and adequate time have been given has a most salutary effect and although during the past few years there has been an increase in the number of occasions where legal proceedings have had to be instituted, in 1968 there was recorded a substantial fall in the number of complaints and informations laid, many of the summonses being withdrawn because the necessary work was carried out after the information had been laid and before the date of the hearing.

The investigation and abatement of nuisances is, in the main, a very necessary, but mundane, task and in pursuance of this particular duty the harassed district inspector has usually to deal both with an irate tenant and an irate landlord. Because of the contentious nature of this task it is pleasing to record an exception to the general rule which concerned a complaint received from an elderly lady

about her old-fashioned kitchen range which had a side oven that she had been unable to use for nearly five years because of its defective condition. Her appeals to her landlord had proved unavailing but after consulting the health inspector the necessary repairs were carried out within a fortnight. Normally this would have been a satisfactory conclusion to the affair, but in this case the first cooking done by the old lady on the newly restored oven was a cake which she presented to the department as a mark of appreciation for the promptitude applied in this particular case. It is modesty alone which compels it to be said that not all the efforts of the public health inspectors are as successful as on this occasion, but the odd word of appreciation makes the more irksome problems easier to overcome.

Many of the worst nuisances occurring during the year arose from freak weather conditions, such as gales in January and heavy rain-fall in July. The latter event caused serious flooding conditions in houses in various parts of the city, the worst of which were undoubtedly in Walbrook Terrace. The houses affected had all been included in the proposed St. Peter's clearance areas, representations for which were submitted in February 1968, although it is unlikely that the area will be cleared before the end of 1970.

Noise Abatement

A continuing and remarkable feature of our industrial city is the relative freedom from complaints of noise nuisances. During the year 16 such complaints were received which is very much less than expected from a city of the type and as large as Newcastle. The co-operative attitude of the occupiers of industrial premises generally in this particular matter is obvious when it is noted that more than half of the complaints received were, in fact, in respect of road drills though fortunately, in some of these cases the nuisance was of short duration.

Nevertheless, the Ministry of Housing and Local Government recommends that noise control of building sites, road works and similar operations is a matter of increasing importance and towards the end of the year the Ministry asked local authorities to take advantage of the information contained in Advisory Leaflet No. 72 entitled "Noise Control on Building Sites" which dealt with methods of reducing noise by fitting "silencers" on noisy tools and equipment. The Ministry also suggest that a local authority should, where

appropriate, include in their specifications for building and civil engineering work a clause requiring the use of silencers on these items of equipment and the Health and Social Services Committee at their meeting in December accepted a recommendation that other appropriate Committees, who engage building and civil engineering contractors, should incorporate in any contract a clause requiring silencers to be fitted on items of equipment likely to cause a noise nuisance.

During the year a total of six public health inspectors attended two 3-day courses on noise abatement at the Charles Trevelyan Technical College and the information gained on these occasions proved extremely useful in the day-to-day work in connection with noise supervision. An appreciation of the importance of noise became apparent during the year when other departments of the Corporation consulted with the Public Health Inspection staff on several occasions and carried out noise surveys with a view to preventing noise nuisance arising in the future in connection with proposed urban developments. Whatever recommendations are made they are, however, necessarily subject to the limitations of the legal powers available to the Corporation but, even so, this recognition that noise is a factor to be considered is very encouraging and it is hoped that any interested department or body will call upon the Health Inspection staff if any assessment or measurement of noise is required in connection with the functions of the Corporation. Reference is made below to a few of the noise nuisances investigated during the year.

A series of complaints were received from a group of residents in the east end of the city concerning noise nuisance arising from the activities of beat groups and other musical artists providing entertainment, particularly at weekends, in a local club. Readings as high as 72 dBA were recorded which constituted an intolerable level when the maximum acceptable background noise level for this area was assessed at 45 dBA. An unusual feature of this case was that the ventilation ducting installed in the club premises was increasing the degree of nuisance by raising the sound level and after a firm of acoustical investigation consultants were brought in their subsequent report confirmed conclusions already reached from investigations by the Public Health Inspection staff. Considerable work was subsequently reported, involving the re-routing of the existing ventilation duct work to enable attenuators to be fitted, and by May

of 1968 the noise level readings taken over a period of five days at 10.30 p.m. showed that the noise had been reduced to a satisfactory and acceptable level.

A number of complaints were received from residents in the north-west area adjoining light industrial development. One of these related to the use of pneumatic drills by the Electricity Undertaking who were laying a new cable when, as a matter of urgency, evening and Sunday work was unavoidable but, in the event, the nuisance was of very short duration. Another complaint related to pneumatic drills used by a building contractor when erecting security fences within the perimeter of a factory, but this work was completed and the noise stopped before the matter could be investigated. In the same district a noise nuisance arose from the cleaning of metal chimney stacks by blasting with graded copper slag. The blasting, which produced very high sound pressure levels was, however, not continuous and the contract was completed within a week. It is hoped to make prior arrangements to reduce the noise level and eliminate nuisance to nearby residents on any future occasion when the stacks are cleaned.

Towards the end of the year formal action was taken in respect of noise nuisance by compressors operating refrigeration equipment at a pie factory in the west end of the city. A statutory notice was served in December and the matter was still under consideration at the end of the year.

A long-standing noise nuisance from the operation of a launderette in the west end resulted in statutory action being taken during the year. As a consequence a firm of acoustic engineers were brought in and at the end of the year many of the recommendations contained in their comprehensive report were being implemented. It is hoped this particularly difficult nuisance will be satisfactorily abated in 1969.

In my last report I referred to a complaint concerning excessive noise from dairy premises where the handling and loading of crates of milk in the early morning was a source of nuisance. Since then the dairy management has arranged a programme of replacement of metal crates by plastic containers and now 90% of the equipment of this kind are of plastic. In addition, most of the 56 rounds operated by this dairy are covered by electric vehicles which are much quieter in operation than the petrol and diesel vehicles previously employed. This sort of ready co-operation is most encouraging.

Statutory Notices Served

(a) Public Health Acts, 1936—1961	..	..	..	..	1,006
(b) Corporation Act, 1935	..	..	..	..	215
(c) Final letters sent	..	..	..	..	277

Legal Proceedings

(Under Public Health Acts and Newcastle Corporation Act)

Hearings pending at end of 1967	..	..	..	..	3
Complaints and Informations laid	..	..	..	..	30
Summonses withdrawn (nuisances abated)	..	..	..	..	11
Orders made (Corporation Act, 1935)	..	..	..	..	1
Nuisance Orders made	..	..	..	..	10
Informations proved	..	..	..	..	19
Hearings pending at end of year	..	..	..	..	6

Places of Public Entertainment

During the year the increase in the popularity of bingo continued with two more bingo halls being added to the list of places of public entertainment with a not unexpected decrease in the numbers of cinemas to 11. Perhaps the development most worthy of note is the increasing volume of night entertainment in the city, particularly in respect of Night Clubs. In virtually all of these clubs, as well as in numerous discotheques, food and drink of one kind or other is on sale and for some time the lack of adequate supervision of these premises from an environmental health point of view has been the cause of concern. It is well known that for some years past there has been a chronic and serious shortage of public health inspectors generally, particularly in our own city, and towards the end of 1968 certain proposals to deal with the unsatisfactory situation in respect of night clubs, as well as other similar premises, were accepted by the Establishment Working Group. The routine supervision and particularly food hygiene enforcement in clubs, public houses, concert halls, cinemas and similar places is quite inadequate if carried out during normal office hours and towards the end of the year arrangements were made to enable two public health inspectors once weekly to carry out the necessary inspections during the late evening. Even before the end of the year the value of this innovation was well demonstrated and the firm enforcement policy which

accompanies this nightly supervision is having a most salutary effect particularly in those places where it is most needed.

During the year 409 inspections of places of public entertainment were carried out of which 13 were during the late evening in night clubs etc.

A very useful innovation brought in during the year by arrangement with the Chief Constable was an arrangement by which detailed inspections of places of public entertainment by public health inspectors were made to coincide with the renewal of music and dancing and other licences. It had been found that the execution of any work at the time when the renewal of the licence was under consideration was much more readily accomplished than at other times and this system of co-ordination now works very well. In general all such licensed premises were well managed and the number of complaints received during the year was quite small.

Nevertheless, many of the buildings awaiting renewal of a licence are not provided with the number of sanitary conveniences recommended by the British Standard Code of Practice ,CP3, and opportunity is taken, on the occasion of the renewal of the licence, to remind owners of this Code and suggest that the requirements prescribed therein should be applied when and if any structural alterations are carried out to the premises in question.

The following is a list of admission paying places of public entertainment operating at the end of the year.

Billiard Halls	..	..	..	..	..	2
Bingo Halls	..	..	..	..	..	15
Bowling Alleys	..	..	..	..	..	1
Cricket Grounds	..	..	..	..	..	4
Concert Halls	..	..	..	..	..	1
Cinemas ..	..	..	..	..	..	11
Dance Halls	..	..	..	..	..	2
Football Grounds	..	..	..	..	..	1
Football Grounds (Athletics) ..	..	..	..	..	..	1
Greyhound Stadiums	..	..	..	..	..	1
Lawn Tennis Clubs	..	..	..	..	..	2
Music Halls	..	..	..	..	..	1
Theatres ..	..	..	..	..	..	5
Temporary Theatre Licences ..	..	..	..	..	..	21
Any Others	..	..	..	..	..	2

In addition to the above there are 3 leisure centres in the city.

Offensive Trades

The only change in the nature and number of offensive trades carried on in the city during the year was in respect of one tripe boiler who had for some time carried on operations on very unsatisfactory premises. No formal action had been taken in respect of this particular business as it was expected that operations would have been transferred to the abattoir in due course. However, for a variety of reasons this was found not to be possible and when the proprietor was confronted with a schedule of the department's requirements in respect of trade practices, equipment and the structure of the building, he elected to close his business.

All of the premises concerned with offensive trades were regularly inspected throughout the year and by and large conditions were found either to be satisfactory or any deficiency which was detected was made good as a result of verbal notice. From time to time during the year complaints of odour nuisance were received from residents in the neighbourhood of the Municipal Abattoir and certain problems associated with the by-product plant were investigated and dealt with by the abattoir staff. It is inevitable that in the initial stages of the operation of an abattoir of this magnitude teething troubles will occur but it is hoped that before the next annual report comes to be written all health hazards and nuisances will be eliminated.

A total of 58 inspections were made during the year and at the end of the year the types and number of offensive trades in the city were as follows:—

<i>Trade</i>					<i>No. of Trades</i>	<i>No. of Premises</i>
Bone Boiler	..	..	..	..	1 }	1
Fat Extractor	..	..	..	..	1 }	
Fat Melter	..	..	..	..	1 }	
Soap Boiler	..	..	..	..	1 }	1
Gut Scraper	..	..	..	..	1 }	1
Fell Monger	..	..	..	..	1 }	
Tripe Boiler	..	..	..	..	1 }	

Tents, Vans and Sheds

For the third year in succession there was a fall in the number of caravans and families which occupied the fairground site on the Town Moor during the Annual Temperance Festival week in June. Although the number of vans had fallen to 379 compared with the 411 of the previous year, there had, in fact been an increase in the

population from 984 to 1,122. Undoubtedly the most disturbing feature from a public health point of view was the continuing incursion of unauthorised vehicles and living caravans which were segregated at the north end of the moor. Although a notice had been erected concerning the payment of a fee for occupying this part of the moor this did not deter in any way persons from moving on and in fact it is understood that only a very small number of these persons actually paid any fee. The sanitary and water supply conditions for these unauthorised caravans are quite inadequate and no refuse collection service is arranged for this site. Consequently on various days during the week fires were burning, not only to dispose of rubbish, but also for the purpose of burning off rubber from insulated cable. Moreover, four lorries were seen to be loaded with scrap metal on the site and there was no doubt that a number of people occupying the vans were also carrying on a business from this site in dealing in scrap metal.

The methods adopted to prevent the unauthorised use of the moor on this occasion were singularly unsuccessful and the insanitary conditions of previous years created by such trespassers recurred as was to be expected. Within the official site, however, conditions were of a high standard. Food hygiene requirements were being generally observed satisfactorily, although there were 14 occasions when written notices had to be served. These notices had an immediate effect.

The water supply points, sanitary facilities and cleansing services were provided by the City Engineer with the high standard of efficiency which is now usual and not a single complaint was received from any source in regard to the official site.

On fairly infrequent occasions during the year minor problems arose when various sites of vacant land in the city were used by caravan dwellers operating as itinerant scrap metal dealers but any problems were quickly overcome by the service of a notice to quit and almost without exception the caravans moved on within 48 hours. On one occasion, however, it was necessary to employ the threat of forceable removal by towing under police supervision before the caravans illegally occupying the land moved off into the district of an adjoining authority. On another occasion it was necessary to take formal action against a site owner who had persistently refused to comply with the requirements of the Caravan

Sites and Control of Development Act 1960 and who was duly convicted and fined £10.

Common Lodging Houses

Reference was made in the annual report for 1967 to the tragic fire which had occurred at the Salvation Army Men's Hostel in July of that year. The reconstruction and redecoration of this lodging house was completed early in 1968 and registration as a common lodging house was granted in March. As a result of reconstruction involving the closure of one wing the number of beds available has been reduced from 247 to 184. Inspections carried out during the year showed that the standard of maintenance of this lodging house continued to be satisfactory.

New Buildings and Alterations

The very useful arrangement with the City Engineer's department^t was continued enabling plans submitted to him for building regulation approval to be examined by public health inspection staff in relation to the requirements of the Food Hygiene Regulations, the Factories Act, the Offices, Shops and Railway Premises Act etc. A number of recommendations were made in respect of 1,323 plans submitted to the department.

There is still, however, a difficulty arising in respect of premises for which plans are not required to be submitted for Regulation approval. Very often business premises are converted for use as a food business and it is only after a business has been in operation that any deficiencies or contraventions of the Food Hygiene Regulations can be detected, thus involving the owner very often in considerable expense which would have been obviated had he been aware of the requirements before the business had commenced. It had been hoped during the year to overcome this problem by incorporating in the Parliamentary Bill a provision requiring notification of intention to establish a food business, but unfortunately the retention of this clause was not pursued.

Water Supply

The 48 chemical samples of water taken during the year continued to indicate that the water was of satisfactory organic purity, did not have any plumbo-solvent action and was in every way satisfactory

for use as a public water supply. At the end of the year the supply of water to domestic dwellings was as follows:—

(a) Total number of dwelling houses supplied	..	..	83,873
(b) Population supplied from public mains—			
(i) direct to dwelling houses	..	..	244,880
(ii) from stand pipes	..	..	8

Fluoridation of Water.—The addition of fluoride to the water supplies in the city commenced on the 7th October, 1968 and systematic sampling began after the completion of the first full week of treatment. This series of samples was part of a joint programme of sampling carried out by Gateshead County Borough, the Counties of Northumberland and Durham as well as Newcastle and so far as the city was concerned samples were taken weekly from the six sampling points in Jesmond, Heaton, Walker, Northumberland Road, Fenham and Scotswood. Results indicated that a satisfactory standard of uniformity of fluoride concentration was being maintained and any excess over 1 p.p.m. was marginal and did not, in any event, exceed 1.1 p.p.m. Samples taken from Jesmond and occasionally from Fenham sometimes showed a slightly lower figure than elsewhere, the lowest figures in each case being 0.45 p.p.m. and 0.7 p.p.m. respectively. These low results were caused by the diluting effect of the admixture of untreated water coming from the Coquet supply. At the end of the year consideration was being given to the termination of weekly sampling as it was felt that the pattern of fluoride concentration had become reasonably apparent and it was expected that early in 1969 sampling could continue from each of the six points only once monthly or thereabouts.

BACTERIOLOGICAL EXAMINATION OF WATER

During the year a total of 640 samples of water were taken from mains sampling points in addition to 10 samples from domestic water supply taps and all were submitted for bacteriological examination as shown in the table below. All samples from domestic water supply taps were classified as excellent and only one from mains sampling point was regarded as unsatisfactory. Subsequent check samples produced highly satisfactory results.

	Class 1 Highly Satis- factory	Class 2 Satis- factory	Class 3 Suspicious	Class 4 Unsatis- factory	Number Taken
Mains Sampling Points ..	635	4	—	1	640
Domestic Taps	10	—	—	—	10
Totals ..	645	4	—	1	650

Public and School Swimming Baths

All the bath waters in the 17 swimming baths in the city are changed by re-circulation and were regularly sampled during the year for bacteriological examination and to estimate the amount of free chlorine and pH value. These swimming baths comprised 11 open for public use (one fewer than the previous year because of the closure of Elswick Baths) and six attached to schools. In all, 30 visits were made for the purpose of taking 60 samples which were submitted to the Public Health Laboratory. Of the samples, only one was classified as unsatisfactory.

A matter of some concern towards the end of the year arose from a number of complaints received from users of public swimming baths in respect of discomfort caused to certain bathers by the chlorination of the water. Complaints related to unpleasant odours, irritating effect upon the eyes, unpleasantness in breathing and in some cases blurring of vision, all of which effects were attributed by the complainants to the type of treatment applied to the bath water. A thorough investigation was made into these circumstances and so far as free chlorine content was concerned all results were satisfactory and in normal circumstances no unusual discomfort should have been caused to bathers. It is believed, however, that the increasing desire of the public for a higher temperature of swimming bath water during the winter months, from what was once 72°F to as much as 80°F or so during very cold weather, is one of the factors which accounts for the complaints.

It would appear that this increase in temperature possibly accelerates the reaction between nitrogen and chlorine resulting in an inordinate concentration of nitrogen trichloride in the air immediately over the water surface and it is thought that this is the

principal cause of complaint, particularly in those swimming baths without mechanical ventilation where the concentration of nitrogen trichloride is not readily dispersed, and where low winter temperatures restricts natural ventilation. At the end of the year details of the biochemical and chemical data on the subject were being sought and the matter was being investigated with the assistance of the General Manager of Public Baths and Laundries.

BACTERIOLOGICAL EXAMINATION

Class 1	Class 2	Class 3	Class 4	Total
Nil. b.coli.	1 to 3 b.coli.	4 to 10 b. coli.	10 + b.coli.	
59	—	—	1	60

RESIDUAL CHLORINE AND pH VALUE TESTS

Chlorine p.p.m.	pH VALUE									Total
	7.0	7.1	7.2	7.3	7.4	7.5	7.6	7.8	8.0	
1.00									2	2
1.25										—
1.50										—
1.75				1						1
2.00		1	2	4	4	2		1		14
2.25									1	1
2.50					1		2			3
3.00							4	3		7
3.00+	1						1			2

SUMMARY OF VISITS CARRIED OUT BY PUBLIC HEALTH INSPECTORS FOR THE YEAR 1968

Complaints received	..	..	..	..	..	..	..	3,036
Nuisances found on District in addition to above	..	..	..	..	..	..	..	168
								3,204

Dwellinghouses

1. Under Housing Acts :

(a) On inspection of district and under any Regulations made under Acts	..	..	..	..	..	..	..	—
(b) Individual Unfit Houses								
(i) Repairable at reasonable cost	..	..	..	..	..	..	..	83
(ii) Not repairable at reasonable cost	..	..	..	..	..	..	..	1,105
(c) Houses let in lodgings	..	..	..	..	..	..	..	1,913
(d) Clearance and redevelopment areas	..	..	..	..	..	..	..	7,618
(e) Overcrowding provisions	..	..	..	..	..	..	..	283
(f) Certificates of Unfitness	..	..	..	..	..	..	..	20
(g) Improvement Grants	..	..	..	..	..	..	..	849
(h) Other visits..	..	..	..	..	..	..	..	3,476

2. Under Rent Acts :

(a) In connection with Certificates of Disrepair	..	..	..	..	..	..	..	11
(b) In connection with other certificates	..	..	..	..	..	..	..	—
(c) Other visits..	..	..	..	..	..	..	..	12

3. Under Public Health Act and Water Act :

(a) Water closets	..	..	..	..	..	..	..	1,444
(b) Common courts, yards and passages	..	..	..	..	..	..	..	26
(c) Filthy and verminous premises	..	..	..	..	..	..	..	144
(d) Dustbins	..	..	..	..	..	..	..	601
(e) Statutory nuisances	..	..	..	..	..	..	..	10,999
(f) Water supplies	..	..	..	..	..	..	..	505
(g) Disinfestation	..	..	..	..	..	..	..	3,030
(h) Infectious Diseases (Other than Food Poisoning)	..	..	..	..	..	..	..	25
(i) Drains and Sewers	..	..	..	..	..	..	..	1,300
(j) Other visits..	..	..	..	..	..	..	..	5,162

Other Premises

1. Under Public Health Acts :

(a) Premises used for the keeping of animals	..	..	..	..	..	..	..	7
(b) Places of Public entertainment	..	..	..	..	..	..	..	260

(c) Public conveniences	..	..	..	..	..	..	..	233
(d) Offices	..	..	..	..	..	..	..	2
(e) Schools	..	..	..	..	..	..	..	40
(f) Shops	..	..	..	..	..	..	..	2
(g) Offensive trades								
(i) Blood boiler and blood drier	..	..	..	..	..	..	..	3
(ii) Bone boiler	..	..	..	..	..	..	..	15
(iii) Fat extractor and fat melter	..	..	..	..	..	..	..	18
(iv) Fell monger	..	..	..	..	..	..	..	3
(v) Glue maker and size maker	..	..	..	..	..	..	..	1
(vi) Gut scraper	..	..	..	..	..	..	..	3
(vii) Rag and bone dealer	..	..	..	..	..	..	..	—
(viii) Soap boiler and tallow melter	..	..	..	..	..	..	..	1
(ix) Tripe boiler	..	..	..	..	..	..	..	14
(h) Baths and wash-houses	..	..	..	..	..	..	..	17
(i) Common lodging houses	..	..	..	..	..	..	..	15
(j) Watercourses, ditches, ponds, etc.	..	..	..	..	..	..	..	19
(k) Tents, vans, sheds	..	..	..	..	..	..	..	77
(l) Exhibition	..	..	..	..	..	..	..	40
(m) Hide and skin depot	..	..	..	..	..	..	..	1
(n) Other visits	..	..	..	..	..	..	..	254

2. Food and Drugs Act :

(a) Bakehouses—Mechanical	..	..	..	..	..	..	..	218
(b) Bakehouses—Non-Mechanical	..	..	..	..	..	..	..	32
(c) Butchers	..	..	..	..	..	..	..	541
(d) Premises used for the preparation of sausages or potted, pressed, pickled or preserved food	..	..	..	..	..	..	..	320
(e) Catering premises	..	..	..	..	..	..	..	1,601
(f) Confectioners (sweet shops and bakers shops)	..	..	..	..	..	..	..	818
(g) Dairies	..	..	..	..	..	..	..	63
(h) Fishmongers	..	..	..	..	..	..	..	196
(i) Food factories	..	..	..	..	..	..	..	71
(j) Fried fish shops	..	..	..	..	..	..	..	259
(k) General dealers and supermarkets	..	..	..	..	..	..	..	1,185
(l) Greengrocers	..	..	..	..	..	..	..	360
(m) Grocers	..	..	..	..	..	..	..	427
(n) Ice cream factories	..	..	..	..	..	..	..	49
(o) Ice cream retail premises	..	..	..	..	..	..	..	899
(p) Ice cream vehicles	..	..	..	..	..	..	..	226
(q) Licensed Premises								
(i) Public houses and Hotels	..	..	..	..	..	..	..	607
(ii) Clubs	..	..	..	..	..	..	..	149
(iii) Off Licences	..	..	..	..	..	..	..	270

(r)	Milk retail premises	..	..	..	..	..	..	825
(s)	Mobile shops	..	..	..	..	..	..	225
(t)	Street traders	..	..	..	..	..	..	1,165
(u)	Food poisoning	..	..	..	..	..	..	146
(v)	Unsound food	..	..	..	..	..	..	385
(w)	Other visits..	..	..	..	..	..	..	763

3. Under Clean Air Act and Regulations and Orders made thereunder :

(a)	Smoke observations (half-hour)	..	..	..	..	..	..	209
(b)	Smoke observations (eight-hour)	..	..	..	..	..	..	1
(c)	Visits to boiler and other plant (routine)	..	..	..	..	..	..	234
(d)	Visits to boiler and other plant (smoke, grit and dust emissions)	..	..	..	..	..	..	46
(e)	Smoke Control Areas	..	..	..	..	..	..	5,860
(f)	Smoke nuisances	..	..	..	..	..	..	118
(g)	Air pollution survey	..	..	..	..	..	..	600
(h)	Other visits..	..	..	..	..	..	..	355

4. Offices, Shops and Railway Premises Act, 1963 :

(a)	General inspections							
(i)	Offices	..	..	..	..	..	..	350
(ii)	Shops (retail)	..	..	..	..	..	..	321
(iii)	Wholesale departments or warehouses	..	..	..	..	..	..	123
(iv)	Catering establishments open to the public	..	..	..	..	..	..	91
(v)	Staff canteens	..	..	..	..	..	..	18
(vi)	Fuel storage depots	..	..	..	..	..	..	5
(b)	Other visits..	..	..	..	..	..	..	5,425

5. Factories Act, 1961 :

(a)	Factories without mechanical power	..	..	..	..	..	..	104
(b)	Factories with mechanical power	..	..	..	..	..	..	2,231
(c)	Other premises where Section 7 is enforced by Local Authority (excluding outworkers' premises)	..	..	..	..	..	..	124
(d)	Outworkers' premises	..	..	..	..	..	..	57

6. Other Miscellaneous Acts, Orders and Regulations

(a)	Burial Act, 1857 (Exhumations)	..	..	..	..	..	..	—
(b)	Merchandise Marks Act	..	..	..	..	..	..	—
(c)	Hairdressers (Corporation Act, 1956)	..	..	..	..	..	..	547
(d)	Tents, vans and sheds (Caravan Sites and Control of Development Act, 1960 and Corporation Act, 1926)	..	..	..	..	..	..	139
(e)	Corporation Act, 1935 (drains, etc).	..	..	..	..	..	..	611
(f)	Pet Animals Act, 1951	..	..	..	..	..	..	49

(g) Riding Establishments Act	..	..	..	..	31
(h) Animal Boarding Establishments Act, 1963			..	..	6
(i) Prevention of Damage by Pests Act, 1949	..	..	..		12,399
(j) Pharmacy and Poisons Act, 1933		..	..	..	60
(k) Noise Abatement Act, 1960	..	..	..	..	135
(l) Rag Flock and Other Filling Materials Act, 1951	..		..		36
					81,626

AIR POLLUTION

Measurement

The work of measurement, as part of the National Air Pollution Survey, was continued throughout the year in connection with which it was found necessary to change three of the sites of gauges. The eight-port gauge at the High Heaton Branch Library, which was discontinued in October 1967 due to the demolition of the building, was transferred to Biddlestone Road Baths, a neighbourhood with similar character and pollution pattern. The results from this station are incorporated in the pollution figures for 1968. The gauge at Elswick Baths also had to be moved in December, because of the demolition of the building, to a new site at Dunn Street, an area of similar characteristics and the results from this station will be incorporated in the pollution figures for 1969. Demolition of the Central Library stopped the use of the city centre gauge in December and a new site of a similar type is being sought in the immediate neighbourhood and the results from this new site, when found, will also be recorded in the figures for 1969.

It will be seen from the accompanying tables and graphs of air pollution statistics for 1968 that there has been a continued decrease in the sulphur dioxide and smoke concentrations over the city with the exception of Shipley Street where the smoke and SO₂ readings are fractionally higher than in 1967. At Blakelaw and Diana Street the smoke readings have only risen slightly, and the SO₂ readings have fallen. Shipley Street, which for several years consistently returned results which were among the highest pollution figures in the country, has shown a dramatic reduction in recent years due to large scale demolition of houses in this part of Byker as part of slum clearance operations. The results for 1968 show that the level of pollution has now become more or less stabilised and will probably

not show much further improvement until smoke control operates in this district.

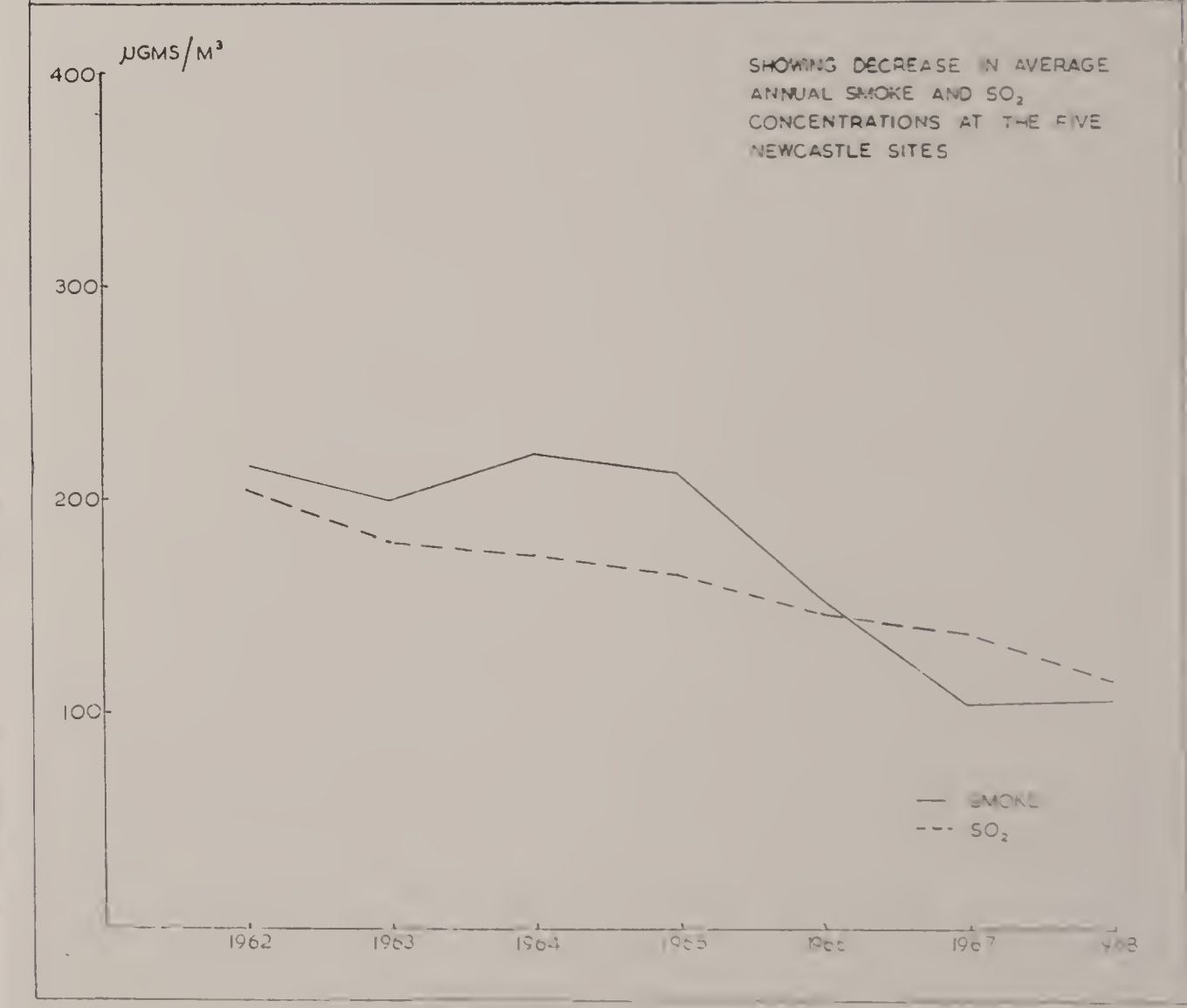
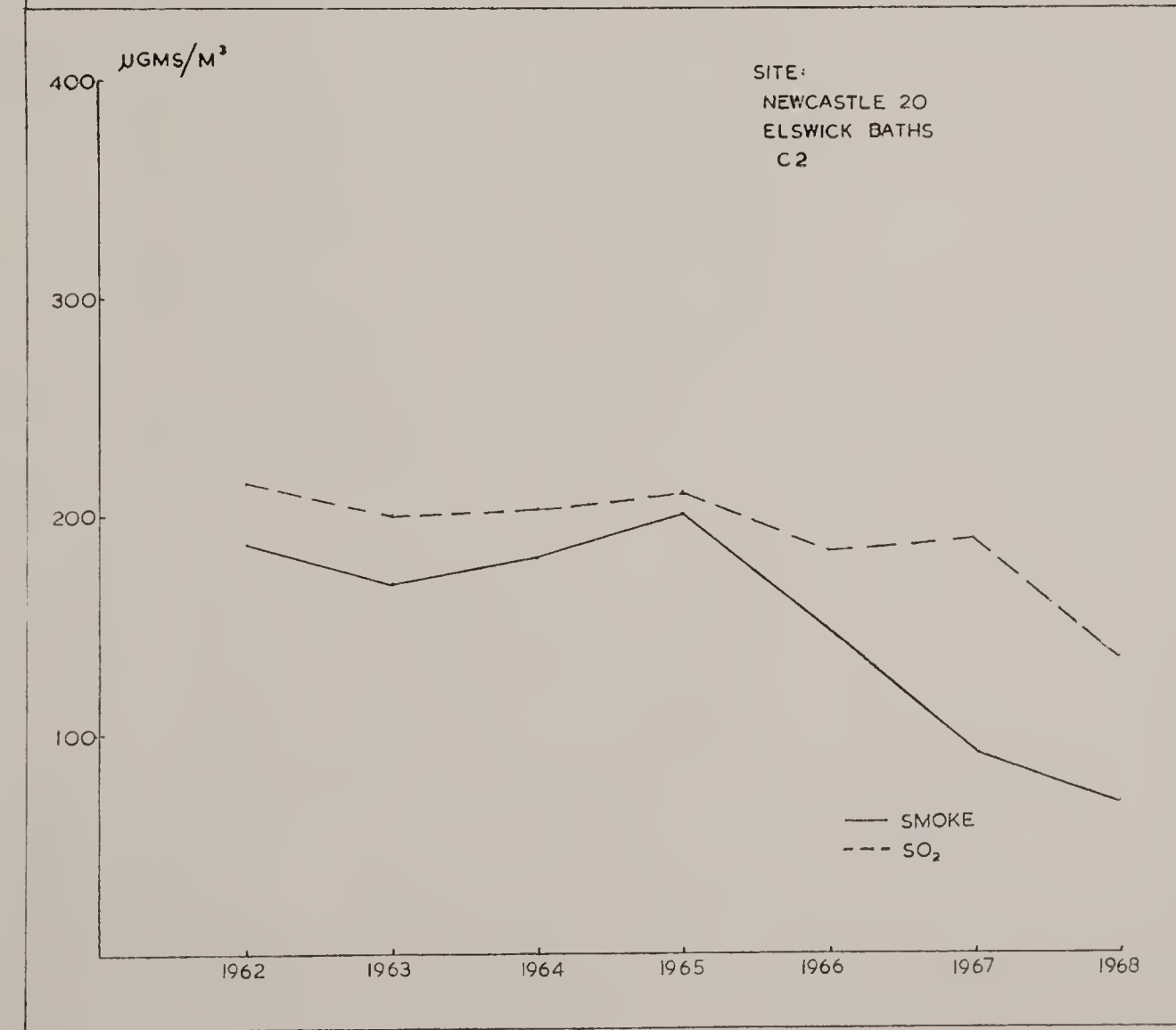
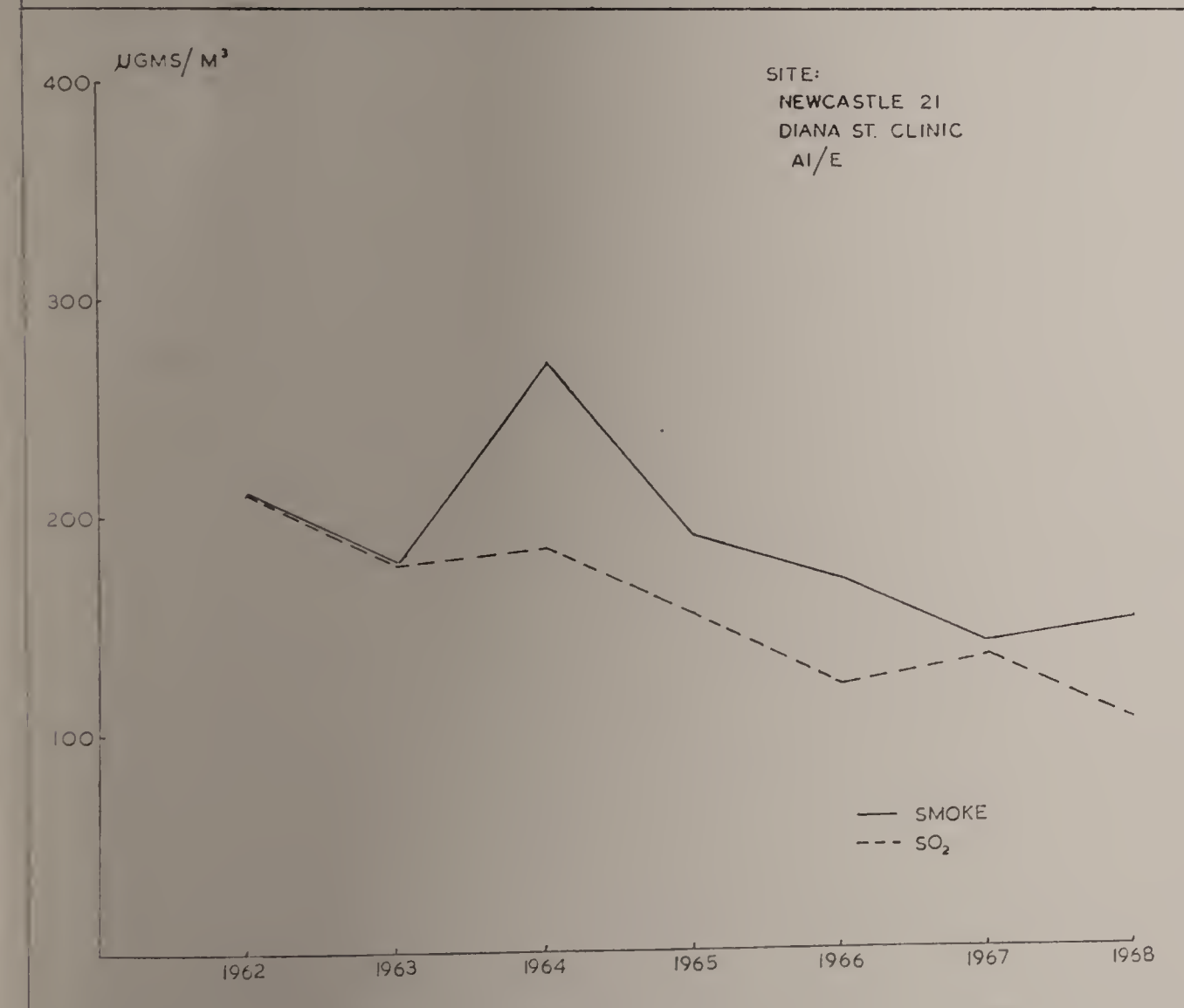
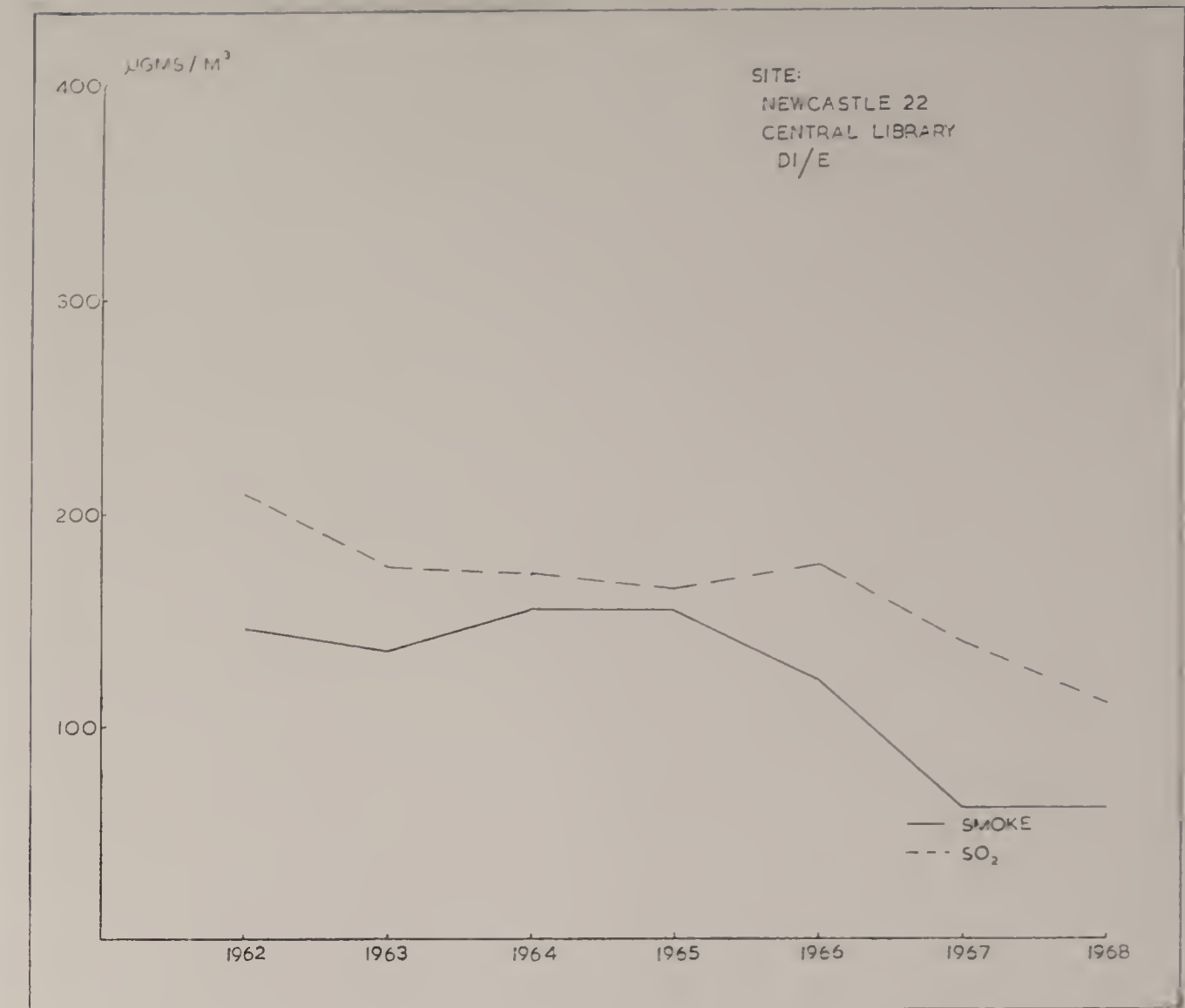
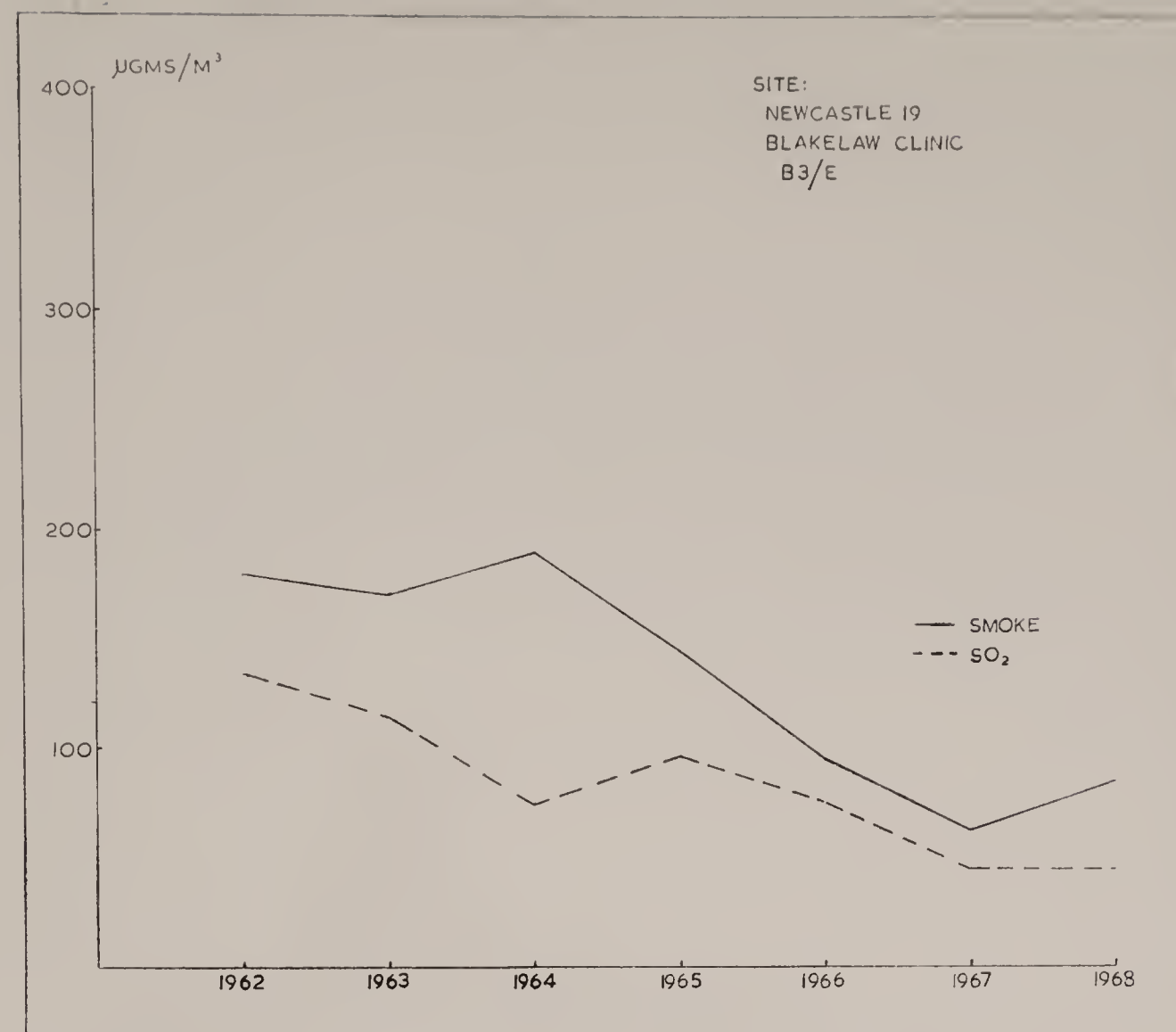
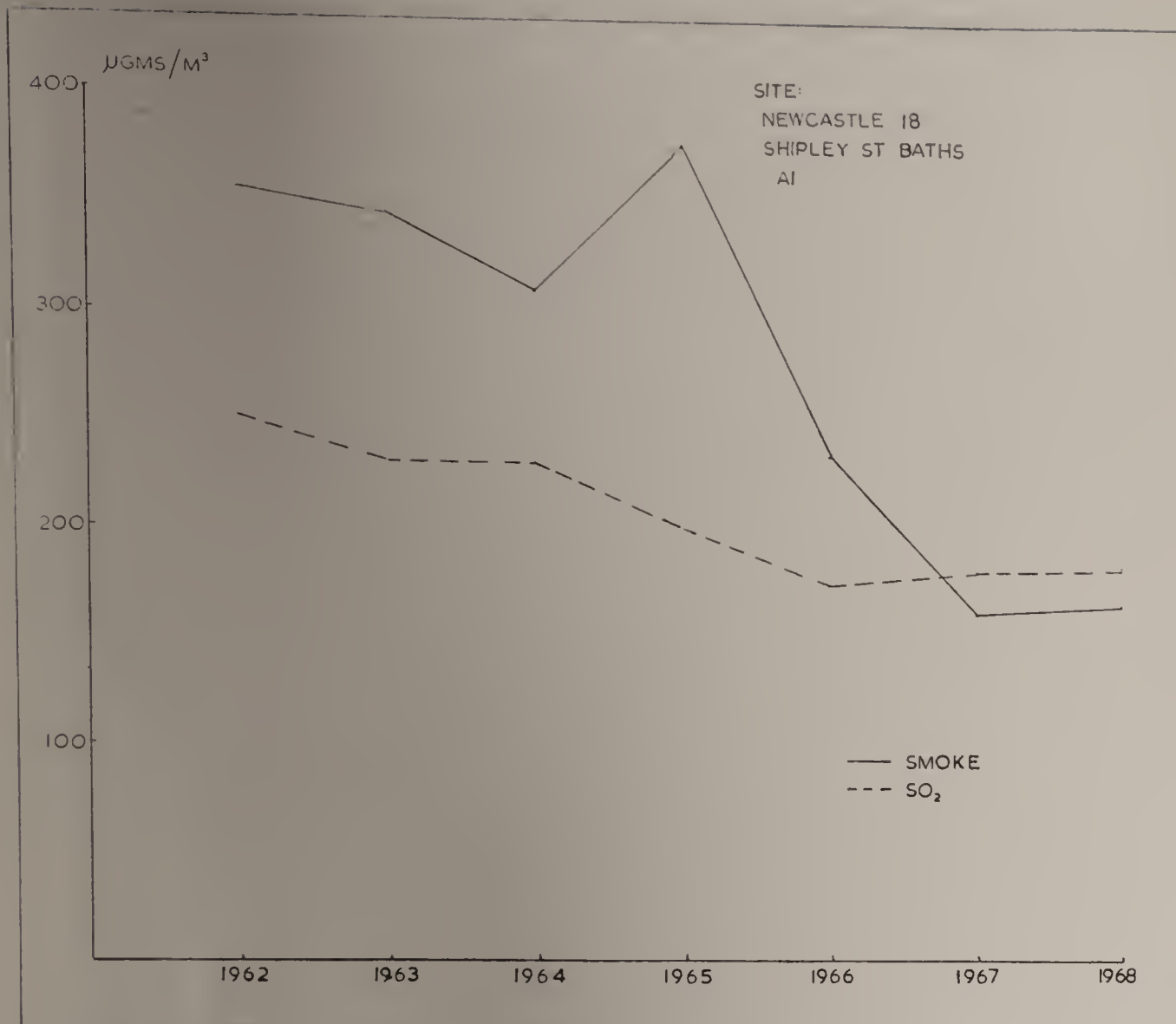
The increase in the smoke pollution figures for Blakelaw and Diana Street was caused by a sharp increase in December, otherwise the figures would have been below those of the previous year. The weather in December was a contributory factor towards this increase and there is no doubt that a particularly harsh winter can push pollution concentrations very high. During 1968, no further Smoke Control Areas were brought into operation and this lack of progress has been reflected in the generally static state of affairs as regards the pollution statistics. Comparison with results in years when there have been many such orders, further demonstrates the real progress in the reduction of pollution which the execution of an ambitious smoke control programme can achieve.

Below are given the pollution figures for the seven sites in Newcastle and following are graphs of each of the five daily sites together with a graph showing the overall progress in Newcastle over the years.

NATIONAL SURVEY OF AIR POLLUTION

The following table shows the average smoke and SO_2 concentrations, given in microgrammes per cubic metre, for the seven sites during 1968.

Gauge Site	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Average During 1968	Average During 1967
<i>Blakelaw Clinic</i>														
SO ₂ ..	45.1	41.0	39.0	38.0	42.0	48.0	32.0	27.0	16.3	19.3	28.0	188.4	47.0	44.6
Smoke ..	129.9	131.0	69.0	79.0	50.0	57.0	47.0	42.0	60.9	60.3	86.5	220.5	86.0	62.6
<i>Diana St. Clinic</i>														
SO ₂ ..	134.7	187.0	158.0	149.0	117.4	105.0	75.0	67.0	70.5	153.6	215.0	254.7	104.5	134.0
Smoke ..	301.2	314.0	117.0	149.0	99.0	86.0	76.0	69.0	130.0	151.3	130.0	140.0	151.9	140.6
<i>Elswick Baths</i>														
SO ₂ ..	194.1	234.0	161.0	141.0	131.0	121.0	126.0	90.0	104.5	146.9	—	381.0	*10mths. 135.9	189.2
Smoke ..	47.3	47.9	46.0	48.0	68.0	72.0	87.0	66.0	104.1	101.3	—	251.7	68.8	92.0
<i>Central Library</i>														
SO ₂ ..	122.8	116.0	111.0	103.0	85.0	117.0	116.0	92.0	82.7	141.3	137.0	Site	*11mths. 111.25	139.55
Smoke ..	62.5	66.0	17.0	18.0	27.0	61.0	63.0	42.0	77.6	103.7	147.0	Dem.	62.25	62.2
<i>Shipley St. Baths</i>														
SO ₂ ..	228.2	275.0	181.0	174.0	125.0	144.0	132.0	96.0	112.6	179.2	300.0	284.5	186.0	182.6
Smoke ..	296.6	276.0	151.0	151.0	124.0	109.0	100.0	88.0	158.0	172.4	167.0	210.2	166.9	162.2
<i>Heaton Baths</i>														
SO ₂ ..	261.0	239.0	179.0	164.0	186.0	203.0	177.0	168.0	139.7	164.0	270.0	357.2	208.8	New Site
Smoke ..	287.7	330.0	202.0	173.0	114.0	9.0	73.0	67.0	145.6	166.5	208.0	216.6	172.9	
<i>Walkergate Clinic</i>														
SO ₂ ..	272.7	249.0	192.0	263.0	161.0	129.0	133.0	109.0	105.0	165.7	257.7	318.2	176.6	217.1
Smoke ..	262.8	371.0	188.0	149.0	108.0	73.0	68.0	64.0	120.2	151.2	149.0	250.9	163.1	173.9



PROGRESS OF SMOKE CONTROL AT 31ST DECEMBER 1968

LOCAL AUTHORITY	TOTAL NUMBER OF PREMISES	PREMISES UNDER SMOKE CONTROL	PERCENTAGE OF PREMISES UNDER SMOKE CONTROL
HEBBURN U.D.	8662	4488	51.8%
NEWBURN U.D.	12213	4088	33.5%
FELLING U.D.	14500	4563	31.5%
NEWCASTLE C.B.	98444	29127	29.57%
WHITLEY BAY M.B.	14907	3469	23.27%
WALLSEND M.B.	17848	3602	20.0%
SOUTH SHIELDS C.B.	41000	5198	12.75%
GATESHEAD C.B.	37600	4000	10.64%
TYNEMOUTH C.B.	27500	2715	9.87%
JARROW M.B.	11101	1181	9.59%
BLAYDON U.D.	12811	953	7.4%
WHICKHAM U.D.	10851	780	7.19%
Longbenton U.D.	17863	625	3.4%
GOSFORTH U.D.	9869	NIL	NIL

CLEAN AIR ACTS 1956 AND 1968

Smoke Control Programme

The Smoke Control Order No. 12, which had been made on the 1st November, 1967 and submitted to the Minister of Housing and Local Government for confirmation, was confirmed on 28th March, 1968. This area, which covers 537 acres, involves 4,207 premises including 4,031 dwellings and is due to come into operation on the 1st October, 1969. During the nine months period from the confirmation of the order to the end of the year 1,148 applications for approval of works of conversion to fireplaces and 673 claims for grant were dealt with in connection with private houses in the area.

The survey of the Smoke Control Area No. 13 was completed during the year and a report containing a summary of information and estimated costs of conversions relating to this area will be presented early in 1969. Because part of the finance allocated for smoke control purposes during the financial year 1969/70 will be required for the completion of the smoke control area No. 12 and as it will, in any case, be necessary to spread the money available for the No. 13 area over more than one financial year, it will, in consequence, be necessary also to avoid having the No. 13 Order confirmed before the 1st October, 1969. Accordingly, due regard will have to be paid to the timing of the necessary sub-missions of reports, legal procedures etc., in order to enable the Minister to confirm the order at a time appropriate to the Committee's ability to pay the statutory grants for conversion work.

In August 1968 the Minister of Housing and Local Government issued a circular which revoked the designation of direct acting space heaters which had been in operation since 1964. The effect of this revocation was that grant became payable again on this class of appliance subject to the prescribed limit of £18 plus any necessary installation cost. Although a slight financial benefit may be expected to accrue from this development it is not considered likely that there will be any significant difference to the overall cost of bringing smoke control areas into operation but at least it extends the choice of the appliances available to householders.

It is to be regretted that no developments have taken place during the year which would enable the smoke control programme to be pursued with greater vigour and, moreover, it seems inevitable that the costs of fuels, appliances, labour charges etc., will tend to rise

during the years to come, rather than to fall. In this context it may therefore be anticipated that the fixed maximum allocation of £50,000 per annum to the smoke control programme will diminish in value over the years thus extending the anticipated date for the completion of the Smoke Control Programme beyond 1987.

Although it has been known for several years that, because of technological changes in the gas industry, the manufacture of gas in coal carbonisation plants would eventually cease, firm indications were given in 1968 that the availability of soft coke (Gloco) could be expected to continue to diminish until, in 1972, its manufacture will have ceased. This development will create a serious problem in our smoke control areas Nos. 1 to 8 all of which came into operation before December 1963 and which were based upon the availability of soft coke. The improved open fires with which the majority of houses in the areas are equipped are not suitable for burning "Sunbrite" the only comparably priced coke which can be made available by the National Coal Board to replace Gloco. It is probable that sufficient supplies of premium fuels such as Coalite, Rexco etc., could be made available but these fuels which are not manufactured locally, are more expensive to buy than Gloco and to require householders in the smoke control areas concerned to use these fuels would place them in an unfair position compared with householders in other areas. To convert for a second time these improved open fires, to enable hard coke or gas or electricity to be used, would involve very substantial expenditure and moreover the provisions of the Clean Air Act, 1956 would not allow the usual grant arrangements with Exchequer contributions to operate.

A disturbing feature which emerged during the year was the continued disregard of smoke control orders in certain areas in the city. This was particularly evident in smoke control area No. 6 where in the Noble Street flats many householders continued to use coal in direct contravention of the terms of the order. There is little doubt that the vast majority of citizens clearly support smoke control as a public policy and it is only in a very relatively insignificant minority of cases where such disregard of the smoke control orders is evident. Nevertheless, the wishes and aims of the large majority cannot be allowed to be disregarded by the tenants in Noble Street and the immediate vicinity and serious consideration will ultimately have to be given to the possibility of instituting legal proceeding in such cases.

NEWCASTLE UPON TYNE SMOKE CONTROL PROGRAMME

SHOWING AREAS COVERED AT DECEMBER 1968



AREAS IN OPERATION

AREAS CONFIRMED TO COME
INTO OPERATION IN 1969

During the year the Clean Air Act of 1968 was passed an important provision in which new enactment is the power given to a local authority to prosecute any person who acquires or sells by retail delivery any unauthorised fuel for use in a fireplace in a smoke control area. This new provision overcomes one of the serious disadvantages encountered in the past but it would be wrong to single out the coal retailer for prosecution and disregard the flagrant contraventions occurring in such areas as the Noble Street flats.

The position in relation to the establishment of smoke control areas in the city at the end of 1968 is detailed below:—

(a) *Areas Reported to Health Committee*

<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Nil	Nil	Nil	Nil	Nil

(b) *Orders Made and Confirmed*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Order Made</i>	<i>Confirmed</i>
Area No. 12	537	4,031	4,207	1.11.1967	28.3.1968

(c) *Position at 31st December, 1968*

	<i>Acres</i>	<i>Houses</i>	<i>Total Premises</i>	<i>Operative Date</i>
Area No. 1	118	156	1,492	1.4.1959
Area No. 2	161	1,463	3,039	1.12.1960
Area No. 3	119	774	1,232	1.1.1962
Area No. 4	124	974	1,797	1.8.1962
Area No. 5	170	1,292	2,376	1.12.1962
Area No. 6	334	708	998	1.7.1963
Area No. 7	800	999	1,624	1.7.1963
Area No. 8	1,403	3,261	3,368	1.12.1963
Area No. 9	160	978	1,024	1.7.1965
Area No. 10	672	4,366	4,467	1.10.1966
Area No. 11	496	3,355	3,503	1.10.1967
Area No. 12	537	4,031	4,207	1.10.1969
Totals ..	5,094	22,357	29,127	

(d) *Formal Action During 1967*

No. of Approvals of Proposed Works dealt with	..	..	1,148
No. of Claims for 70% grant approved	..	..	730
No. of Claims for 100% grant approved	..	..	50
No. of Section 12 Notices served	..	..	1
No. of Section 12 Notices complied with	..	..	14
No. of Section 12 Notices work still outstanding	..	..	2
Works carried out in default	..	..	Nil

Smoke Emissions

So far as the emission of industrial smoke is concerned the position continued to be satisfactory throughout 1968. A total of 210 observations of chimneys were made during the year and only on four of these occasions did an offence occur. One particular offence concerned the emission of dark smoke for a continuous period of 12 minutes and was caused by the negligent operation of an incinerator. This incinerator was installed several years ago with the full concurrence of the department and it is quite capable of operating without any emission of smoke whatever. However, in this particular case the emission of smoke was due to the defective condition of an oil burner which was quickly rectified once the attention of the operator was drawn to it. Observation of this particular plant was kept for some time and was found thereafter to be working quite satisfactorily.

The second occurrence related to a boiler plant of a laundry and on this occasion there was an emission of dark smoke lasting for a continuous period of eight minutes. In this case investigation showed that the coal feed had been slowed down and that the artificial draught was almost totally cut off during the luncheon period as at this time the demand for steam was low. This resulted in the emission of volatiles from the slowly burning coal without sufficient air for combustion to take place without dark smoke being emitted. In this particular case the Committee authorised the institution of legal proceedings and the offending firm was fined £25 and ordered to pay five guineas costs. The third contravention concerned the Newcastle General Hospital and as these premises are occupied by the Crown the institution of legal proceedings could not be considered. However, as a result of a formal complaint being addressed to the Minister of Health discussions subsequently took place with engineering staff of the hospital concerning this particular boiler plant and the use of the incinerator attached to this plant. At the end of the year certain proposals were being put in hand but an additional complication later arose when it was found that the supply of coal from a particular colliery to this plant was to terminate as a result of pit closures.

The other premises from which unlawful smoke emissions were seen to take place were Queen's Court flats, Corporation-owned premises in Barrack Road. This building is provided with three under-fed boilers burning coal and the emissions of smoke were

readily seen by residents in a nearby smoke control area. Had these particular smoke emissions taken place from privately owned premises it is probable that the Health and Social Services Committee would have taken formal action but in the circumstances action had to be limited to discussions with the Housing Department although by the end of the year conditions were still far from satisfactory.

It will be noted from the above information that two of the four offences occurring during the year were in respect of private premises and the other two involved Crown and local authority properties. In respect of the former, prosecution took place and conditions have been satisfactory ever since. However, with the two other types of premises in public ownership conditions were not immediately put right and indeed it is not unlikely that these unsatisfactory conditions might recur during 1969.

Prior Approval of Furnaces and Notifications

During the year there were two applications for prior approval and both related to the installation of oil-fired packaged boilers. These oil-fired boilers replaced in all six coal-fired boilers but from the point of view of smoke emissions conditions have greatly improved since their operation. However, because of the higher sulphur content of oil fuel the emissions of sulphur dioxide were increased but the higher chimneys necessary for these boilers will have prevented any increase in the concentration of sulphur dioxide at ground level.

During the same period there was one notification concerning the installation of a gas-fired boiler in a new hotel being erected in the centre of the city.

Grit and Dust Emission

Later in this report reference is made to the Clean Air (Measurement of Grit and Dust) Regulations, 1968 which came into operation on the 1st May. Since that date visits have been made to various establishments in the city where the plant operated is likely to cause emissions of grit and dust but at the end of the year it had not been found necessary to apply the regulations to any particular plant. The principal provision in this connection is the power given to the local authority to require flue gas sampling to be carried out. This

is a highly technical and very expensive operation and should be considered necessary only when there is a definite complaint of nuisance caused by grit and dust. the existence of which nuisance is confirmed by careful and prolonged observation.

OFFICES, SHOPS AND RAILWAYS PREMISES ACT, 1963

The year 1968 saw the continuation of the second comprehensive survey of the city, begun in 1967, since the Act came into force. The number of registered premises at the end of the year was lower than for 1967 owing to the number of businesses moving to areas outside the city or closing down, exceeding the number of new registrations. However, the value of the survey was demonstrated by the much larger number of contraventions that were discovered (842 as compared with 329 in 1967). In this respect it may well be a good thing that the survey is never complete in that continual surveillance of the city is constantly being carried out.

The number of Public Health Inspectors engaged on the administration of the Act, along with their other district work, was eleven whilst four Technical Assistants were employed full time on this work.

An analysis of the problems met with in the administration of the Act is given below.

Section 4—Cleanliness

There was a 237% increase, when compared with 1967, in the number of contraventions (27 as opposed to 8), most of which involved the washing of walls and the sweeping of floors. Smaller firms could, with advantage, follow the lead of the larger companies in employing professional commercial cleaners. Such a policy would ensure constant uniformity of standards of cleanliness and would prevent large amounts of dirt accumulating on walls which over a period of time darken the paintwork and other surfaces without being readily noticed.

Section 5—Overcrowding

The surprisingly small number of contraventions (two) under this section suggests that the standard for overcrowding could well be

more generous to the worker. A piece of legislation that purports to set a standard fails if all premises are, in fact, above that standard in the first place. It indicates that the standard should be higher if the legislation is to be effective.

Section 6—Temperature

The majority of contraventions under this section related to failure to provide thermometers, but there were some cases where the temperature itself in a shop was the cause of complaint. The difficulty of maintaining a reasonable level of heat in a shop, the door of which is constantly being opened or in many cases left open, is not new, but additional heating facilities for staff to warm themselves in certain parts of the shop were provided and the complaints were, in this way, to a large extent eliminated.

Section 7—Ventilation

There were only five ventilation contraventions which were easily remedied by the provision of additional windows or ducts.

Section 8—Lighting

Ever since the coming into operation of the Act reliance has had to be placed on the “suitable and sufficient” standard of Section 8, as no standard has yet been prescribed by Regulations which could be made under this section. In the absence of such Regulations the standards of the Illuminating Engineering Society Code have been used and during the year ten contraventions were found compared with four in 1967.

Although a statutory standard which Regulations would provide would be welcomed by most enforcing authorities, it would have to be reasonably attainable, and this having been achieved, there would be little inducement for general standards of lighting to be improved thereafter. It is probably for this reason therefore, that in September 1968 the Department of Employment and Productivity issued in Supplement No. 5 to L.A. Circ. 9 a code of recommendations which can now be used as an official guide to lighting standards. The circular is based on the standards of the I.E.S. but specifies, in addition, minimum values of a lower standard below which the lighting should not fall. The advantage of a recommenda-

tion in a circular is that it can be revised to keep abreast of rising lighting standards as required.

Section 9—Sanitary Conveniences

This provision continues to be the main source of contraventions which totalled 209 in 1968. In the great majority of cases the fault lay not in the inadequate number of conveniences for the persons employed, but in bad ventilation, lighting and situation. This last point, involving the inaccessibility of conveniences, continues to pose problems. It is desirable that no employee should have to walk up or down more than one storey to the nearest available convenience, but unsuccessful legal proceedings in the past have suggested that a sanitary convenience is “conveniently accessible” in all cases where a lift between floors is available regardless of the number of floors and whether or not the lift is used by members of the public as well as employees.

Section 10—Washing Facilities

The provision of clean running hot and cold water and wash hand basins conveniently accessible to all employees should not be a difficult matter, but it continues to be the source of contraventions which numbered 54 in 1968.

Sections 11–15—Drinking Water, Clothing Accommodation, Sitting and Eating Facilities

There have been little or no contraventions with regard to these matters.

Section 16—Floors, Passages and Stairs

The absence of handrails to staircases continued to be a major source of contraventions under this section, as did the faulty surfacing of floors and treads.

Section 17—Fencing Exposed Parts of Machinery

New circulars on the fencing of machinery continued to be issued by the Department of Employment and Productivity and several manufacturers were consulted on the subject of fitting guards to machinery to comply with the recommendations in the circulars.

The Hoists and Lifts Regulations 1968

These Regulations, which will come into operation on the 28th May, 1969 impose requirements as to the construction, maintenance and examination of hoists and lifts in shops and offices. They also require lift-ways to be enclosed and gates to be fitted with safety devices to prevent the movement of the lift unless they are closed, and to prevent them from opening unless the lift is at a landing. The period of grace before the operation of these Regulations will enable the few substandard lifts in the city to be improved and modified to meet these new requirements.

Additional Contraventions

Other contraventions found during the year included inadequacy of first aid provisions, failure to register with the Local Authority and failure to display the abstract of the Act, all of which were repeatedly dealt with by bringing these points to the notice of the persons concerned.

Section 48—Notification and Investigation of Accidents

There were 168 accidents notified during 1968, a reduction of 24 from the previous year, and of these 85 were investigated. Nearly all accidents were of a minor nature but several involved cut and crushed fingers from machinery, mostly food slicing and mincing machines, and several butchers' assistants injured themselves with their own knives.

Ministerial Publications

During the year the following regulations and circulars were issued by the Department of Employment and Productivity.

L.A. Circ. 4 Sup. 2	Exemption Orders (Section 45)
L.A. Circ. 6 Sup. 4	Enforcement of Act in N.A.A.F.I. Premises
L.A. Circ. 9 Sup. 5	Section 8, Lighting
L.A. Circ. 9 Sup. 6	Section 21, Noise
L.A. Circ. 10 Sup. 1	Section 10, Washing Facilities Section 12, Clothing Accommodation
L.A. Circ. 17 Sup. 4	Reported Court Decisions
L.A. Circ. 17 Sup. 15	Guarding of Food Slicing Machines
L.A. Circ. 18	O.S.R.P. (Hoists and Lifts) Regulations, 1968
L.A. Revised Index	Index of L.A. Circulars

Statutory Instruments

O.S.R.P. (Hoists and Lifts Regulations, 1968—S.I. No. 849

O.S.R.P. (Hoists and Lifts) Reports Order, 1968—S.I. No. 863

O.S.R.P. (Exemption No. 5) Order, 1968—S.I. No. 1047

O.S.R.P. (Exemption No. 6) Order, 1968—S.I. No. 1183

O.S.R.P. (Exemption No. 7) Order, 1968—S.I. No. 1947

Statistical Summary

(a) Registrations and General Inspections.

Class of Premises	Number of premises registered during the year	Total registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	130	2,086	350
Retail Shops	115	2,176	321
Wholesale shops, warehouses	20	508	123
Catering establishments open to the public, canteens	7	371	109
Fuel storage depots ..	—	6	5
Totals	272	5,147	908

(b) Number of visits of all kinds by Inspectors to Registered Premises 6,333

(c) Analysis of persons employed in registered premises by workplace.

Class of workplace	Number of persons employed
Offices	26,580
Retail Shops	18,499
Wholesale, departments, warehouses	6,387
Catering establishments open to the public	4,074
Canteens	291
Fuel storage depots	70
Total	55,901
Total Males ..	24,339
Total Females	31,562

(d) Exemptions

Class of premises	No. of current exemptions at end of year	During the year				
		No. of exemptions			No. of applications	
		newly granted	Ex-tended	expired or w'drawn	refused	opposed by em'ees
SPACE	—	—	—	—	—	—
TEMPERATURE ..	—	—	—	—	—	—
SANITARY CONVENIENCES						
Offices	—	—	—	—	—	—
Retail Shops ..	—	—	—	2	—	—
Wholesale shops, warehouses ..	2	—	2	3	—	—
Catering establishments open to public, canteens ..	2	1	2	2	—	—
Fuel storage depots ..	—	—	—	—	—	—
WASHING FACILITIES						
Offices	2	1	1	1	—	—
Retail Shops ..	1	—	—	—	—	—
Wholesale shops, warehouses ..	3	—	3	5	—	—
Catering establishments open to public, canteens ..	2	1	2	1	—	—
Fuel storage depots ..	1	—	—	—	—	—

Prosecutions instituted of which the hearing was completed in the year

Section of Act of title of Regulations or Order	No. of informations laid	No. of informations leading to a conviction
(1)	(2)	(3)
NIL	NIL	NIL

No. of persons or companies prosecuted	..	Nil
No. of complaints (or summary applications) made under Section 22..	.. ..	Nil
No. of interim orders granted..	.. ..	Nil

(f) *Staff*

No. of inspectors appointed under Section 52(1) or (5) of the Act ..	.. ..	See below
No. of other staff employed for most of their time on work in connection with the Act .. ..	.. ..	See below

Number of Inspectors

20 Public Health Inspectors

All Public Health Inspectors are, by virtue of their appointments, authorised to enforce the Act. Each Technical Assistant works under the supervision of the Inspector on whose district he happens to be working. There is also a supervising Inspector who co-ordinates the work over the city as a whole.

Number of Other Staff

4 Technical Assistants

These officers are engaged to carry out 'General Inspections' and some re-inspections, but any legal proceedings are the responsibility of a Public Health Inspector.

1 Clerk (part time)

(g) *Analysis of Contraventions*

Section	Number of Contra-ventions found		Section	Number of Contra-ventions found	
4	Cleanliness	27	14	Seats (Sedentary Workers)	—
5	Overcrowding	2	15	Eating Facilities	—
6	Temperature	93	16	Floors, passage and stairs	130
7	Ventilation	5	17	Fencing exposed parts machinery	19
8	Lighting	10	18	Protection of young persons from dangerous machinery	—
9	Sanitary Conveniences	209	19	Training of young persons working at dangerous machinery	—
10	Washing facilities	54	23	Prohibition of heavy work	—
11	Supply of Drinking water	—	24	First Aid—General provisions	104
12	Clothing Accommodation	1	49	Failure to Register with Local Authority	27
13	Sitting Facilities	—	50	Abstract of Act not displayed	161
				Total	842

(h) Accidents notified during the year 168

FACTORIES ACT, 1961

Although the reduction during 1968 in the number of factories in the city was insignificant (1,111 as compared with 1,116 in the previous year) the number of contraventions had fallen much more proportionately, although this may partly be due to the smaller number of inspections which could be carried out because of staff deficiencies. There is, however, little doubt that the principal reason

is the higher standard of co-operation between the department and the factory occupier.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT, 1961
PART 1 OF THE ACT

1.—INSPECTIONS FOR THE PURPOSES OF PROVISIONS AS TO HEALTH (INCLUDING
INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, & 6 are to be enforced by Local Authorities	115	104	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	888	2,231	7	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises)	108	124	1	—
Total	1,111	2,459	9	—

2.—CASES IN WHICH DEFECTS WERE FOUND. (IF DEFECTS ARE DISCOVERED AT THE PREMISES ON TWO, THREE OR MORE SEPARATE OCCASIONS THEY SHOULD BE RECKONED AS TWO, THREE OR MORE "CASES").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. In-spector (4)	By H.M. In-spector (5)	
Want of Cleanliness (S1)	—	—	—	—	—
Overcrowding (S2) ..	—	—	—	—	—
Unreasonable Temperature (S3) ..	—	—	—	—	—
Inadequate ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7)	—	—	—	—	—
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective	6	6	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Total	6	6	—	2	—

Outworkers

When it is more economical to do so, certain employers find it advantageous to contract out certain work to be carried out in the home of the worker. In this way an occupier of a factory can reduce substantially his overhead costs. However, on the principle that a worker employed in his home should have working conditions of a standard not less than those enjoyed by his counterpart working in factory premises, the Factories Act, 1961 provides for the control of such working conditions by a local authority. The occupier of every factory and every contractor employed by any such occupier who employs outworkers in the home must keep a list showing the names and addresses of all persons employed by him in this way and also send to the local authority twice a year copies of these lists. This enables the local authority to take action in any case where the

conditions in the place where the home work is being carried out are injurious or dangerous to the health of the persons employed and the local authority is then empowered to require the cessation of home work in such premises.

During the post war years there has been a very considerable reduction in the number of outworkers as compared with the numbers during the depression years before the second world war and the following list indicates the numbers at present employed.

<i>Year</i>	<i>Number of outworkers in City</i>
1968	24
1967	20
1966	22
1965	8
1964	7

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel : Making, etc. ..	24	1	—	—	—	—
Total	24	1	—	—	—	—

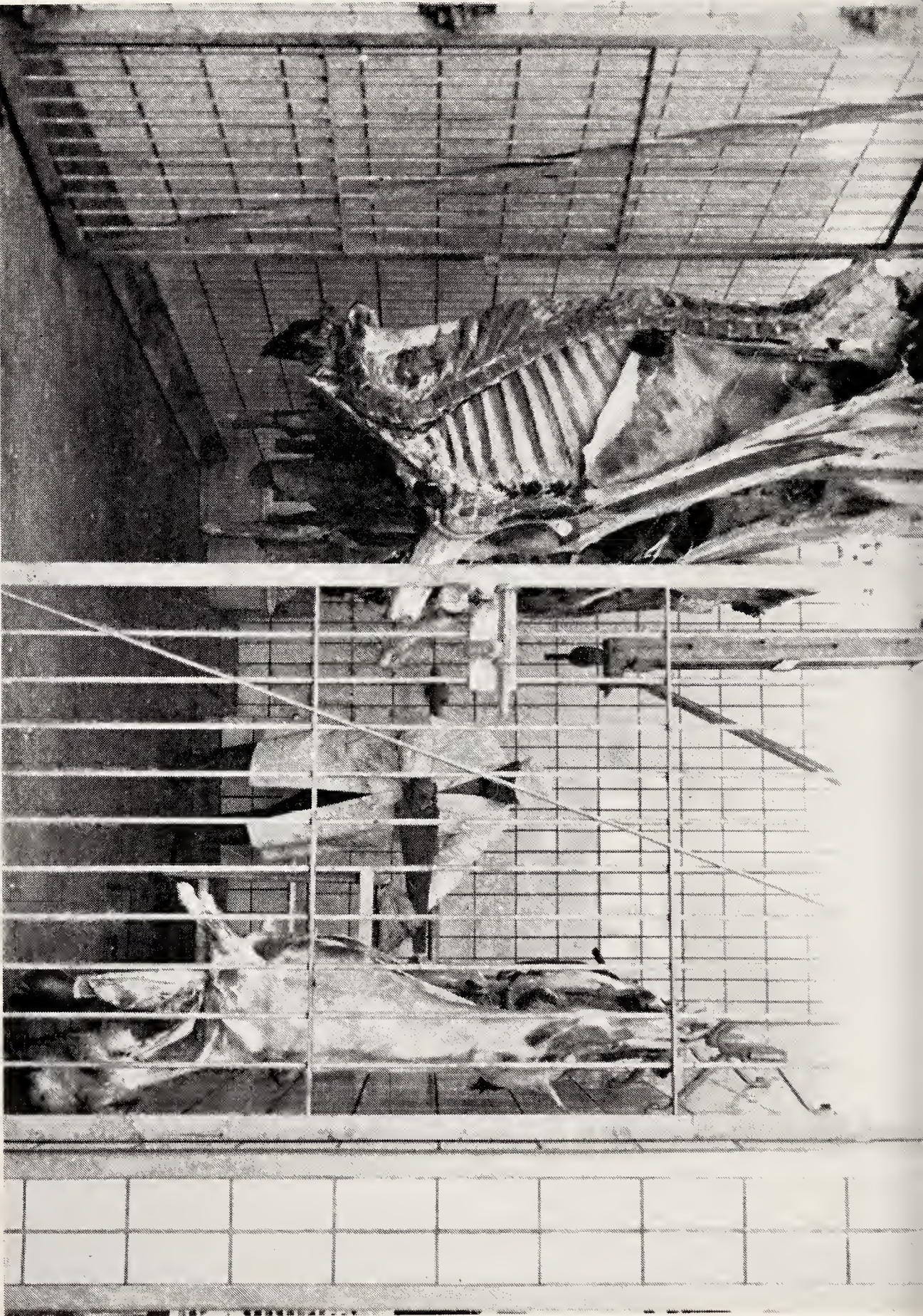
FOOD AND DRUGS ACT 1955

Meat Inspection

During the year there was a further decrease in the total number of animals slaughtered in the city. Compared with 1967 the decrease in 1968 was 95,013 animals and the comparative figures for the past five years are as follows.



Routine inspection of sheep carcasses at the abattoir.



Condemned meat room at the abattoir.

Year	Cattle	Calves	Sheep	Pigs	Horses	Total
1964	33,051	837	132,639	72,697	172	239,396
1965	30,131	610	119,844	89,815	190	240,590
1966	28,981	549	128,525	86,159	309	244,523
1967	31,139	608	127,617	76,189	222	235,775
1968	30,316	338	84,276	25,823	Nil	140,753

The decrease in the number of animals slaughtered arises from the following circumstances. With the opening of the Abattoir on the 1st February, 1968 all existing slaughterhouses were closed and licences withdrawn. This meant that horses ceased to be slaughtered in the city and the closure of the local bacon company's slaughterhouse and the subsequent transfer of their operations to their new abattoir at Middlesbrough meant a further decrease of approximately 1,000 pigs per week. One of the larger wholesale meat companies in the city was granted a slaughterhouse licence for premises outside the city boundaries and the majority of sheep and pigs slaughtered by them are now slaughtered in that area.

The number of inspection units dealt with in 1968 was 550,195 (an inspection unit is used as a basis for statistical calculation and for this purpose a beast or horse is equal to 10 units, a pig or calf three units and a sheep two units). During the year 100% meat inspection was achieved by the combined efforts of the public health inspectors and authorised meat officers. The district public health inspectors assisted with overtime duties on Saturday mornings on a rota basis whilst the permanent meat inspection staff had the responsibility for morning and weekday overtime. There was a marked decrease in the total overtime worked on meat inspection to 2,053 hours in 1968 compared to 3,369 hours for 1967. This decrease is accounted for by the fact that there is no Sunday slaughtering at the abattoir and to a less extent by the reduction in the number of animals dealt with. The maximum inspection charges permitted by the Meat Inspection Regulations 1963 were continued throughout the year and the total income from this source was £6,877 8. 9d. as compared with £9,989 6. 3d. collected during 1967.

The slaughtering hours at the abattoir have been slightly amended as follows:—

<i>Day</i>	<i>Time</i>	
Monday	7 a.m.	5 p.m.
Tuesday	7 a.m.	1 p.m.
Wednesday	7 a.m.	5 p.m.
Thursday	7 a.m.	5 p.m.
Friday	7 a.m.	5 p.m.
Saturday	7 a.m.	11 a.m.

A certain amount of emergency slaughter is necessary occasionally because of accident, injury or illness such slaughter being essential to avoid the animal suffering unnecessary pain. Slaughter on Sundays and public holidays has now been abolished.

Outside establishments and organisations continued to be supplied during the year with specimens of diseased and healthy animal organs. Included in this supply were the Department of Agriculture, Newcastle University; the Veterinary Investigation Centre of the Ministry of Agriculture, Fisheries and Food; the Royal Victoria Infirmary; the College of Further Education where organs were supplied for physiology demonstrations and the Royal Society of Health for examination purposes. Specimens were also supplied to Messrs. Winthrop Laboratories Ltd.

TABLE I
WHOLE CARCASES CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease or Condition	Cattle	Sheep	Pigs	Calves	Total
<i>Septic Conditions:</i>					
Septicaemia ..	1	—	—	—	1
S. Arthritis ..	1	2	6	—	9
S. Pleurisy ..	1	5	7	—	13
S. Peritonitis ..	1	—	1	—	2
S. Pneumonia ..	4	7	—	—	11
Johnes Disease ..	1	—	—	—	1
Oedema and Emaciation ..	4	119	2	—	125
Traumatism ..	2	—	1	—	3
Emaciation ..	1	8	3	—	12
Oedema ..	1	9	—	—	10
Pyæmia ..	—	2	14	1	17
Anaemia ..	—	18	—	—	18
Imperfect Bleeding ..	—	4	—	—	4
Gangrene ..	—	1	—	—	1
Arthritis ..	—	3	—	—	3
Multiple Abscess	—	1	1	—	2
Lymphosarcoma ..	—	2	—	—	2
Neoplasms ..	—	1	—	—	1
Congestion ..	—	1	—	—	1
Necrosis ..	—	1	—	—	1
Pyrexia ..	—	—	4	—	4
Jaundice ..	—	—	1	—	1
Immaturity ..	—	—	—	4	4

TABLE II

PART CARCASE OR ORGANS CONDEMNED BECAUSE OF DISEASE
(OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS)

Disease or Condition	Cattle	Sheep	Pigs	Calves	Total
Johnes Disease ..	37	—	—	—	37
Actinobacillosis ..	116	—	—	—	116
Actinomycosis ..	12	—	—	—	12
Abcess ..	1,229	237	143	—	1,609
Pericarditis ..	164	422	819	1	1,406
Pneumonia ..	107	960	2,183	1	3,251
Pleurisy ..	1,033	1,643	1,348	1	4,025
Peritonitis ..	276	157	390	—	823
Enteritis ..	31	57	75	—	163
Mastitis ..	68	3	57	—	128
Nephritis ..	145	49	53	—	248
Fascioliasis ..	12,512	9,760	—	1	22,272
Congestion ..	25	11	128	—	164
Melanosis ..	9	—	2	—	11
Muscular Fibrosis	3	—	—	—	3
Necrosis ..	5	—	—	—	5
Arthritis ..	1	152	188	—	341
Traumatism ..	146	81	77	—	304
Decomposition ..	5	—	—	—	5
Emphysema ..	19	—	—	—	19
Telangiectasis ..	498	—	—	—	498
Cirrhosis ..	1,288	119	149	—	1,556
Contamination ..	27	58	26	—	111
Hydronephrosis ..	36	—	36	—	72
Neoplasm ..	7	11	—	—	18
Echinococcus ..	31	87	—	—	118
Haemotoma ..	18	—	—	—	18
Pl. & Pericarditis	2	—	52	—	54
Pl. & Peritonitis	—	32	58	—	90
Muellerius					
Capillaris ..	—	369	—	—	369
Parasites ..	—	2,605	33	—	2,638
Pentastomes ..	—	1,029	—	—	1,029
Parasitic					
Pneumonia ..	—	57	—	—	57
Tenuicollis ..	—	94	1	—	95
Retention Cysts ..	—	14	—	—	14
Blood Splashing	—	124	—	1	125
Ascites ..	—	8	—	—	8
Ascariasis ..	—	—	2,277	—	2,277
Erysipelas ..	—	—	1	—	1
Hyperaemia ..	—	—	44	—	44

Bovine Tuberculosis

Two carcasses of beef cow were condemned during the year as compared with none for the previous year. One of these carcasses was sent in by the Ministry as a tuberculosis reactor and the other was found during routine meat inspection. While this is serious it is far from alarming. Such cases do not indicate a general trend but are rather a reminder that bovine tuberculosis is not yet completely subdued and vigilance must be maintained by all concerned. The 27 parts of carcasses which were condemned during the year showed a decrease.

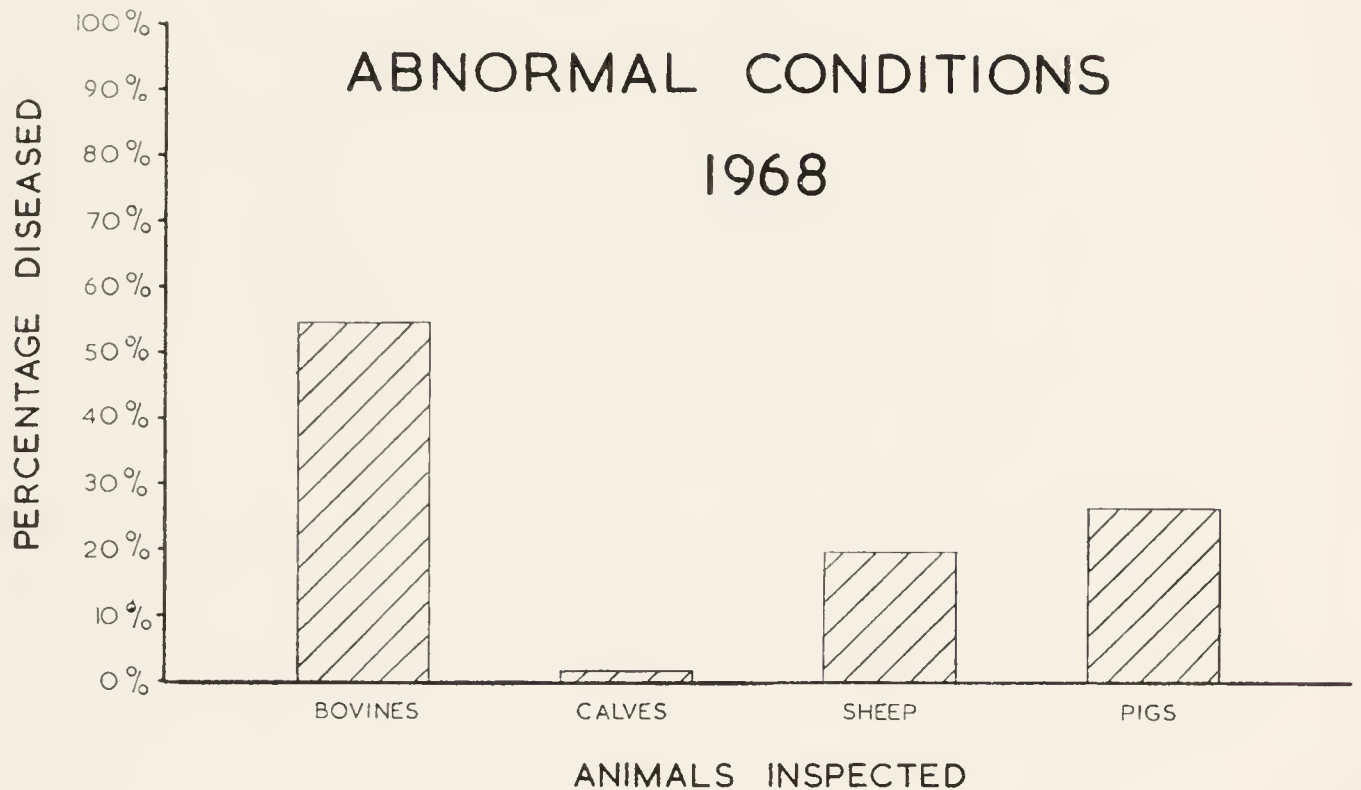
Cases of tuberculosis in cattle which can be positively indentified are reported to the Ministry of Agriculture, Fisheries and Food for any action they wish to take as there may be further cases at the same source.

During 1968, 17 animals were sent into the city for slaughter under the Tuberculosis (Slaughter of Reactors) Regulations, 1950, details of which are shown on table 3. Of these 17 reactors dealt with, one case was generalised, 13 were found to be localised and in three cases no disease was detected.

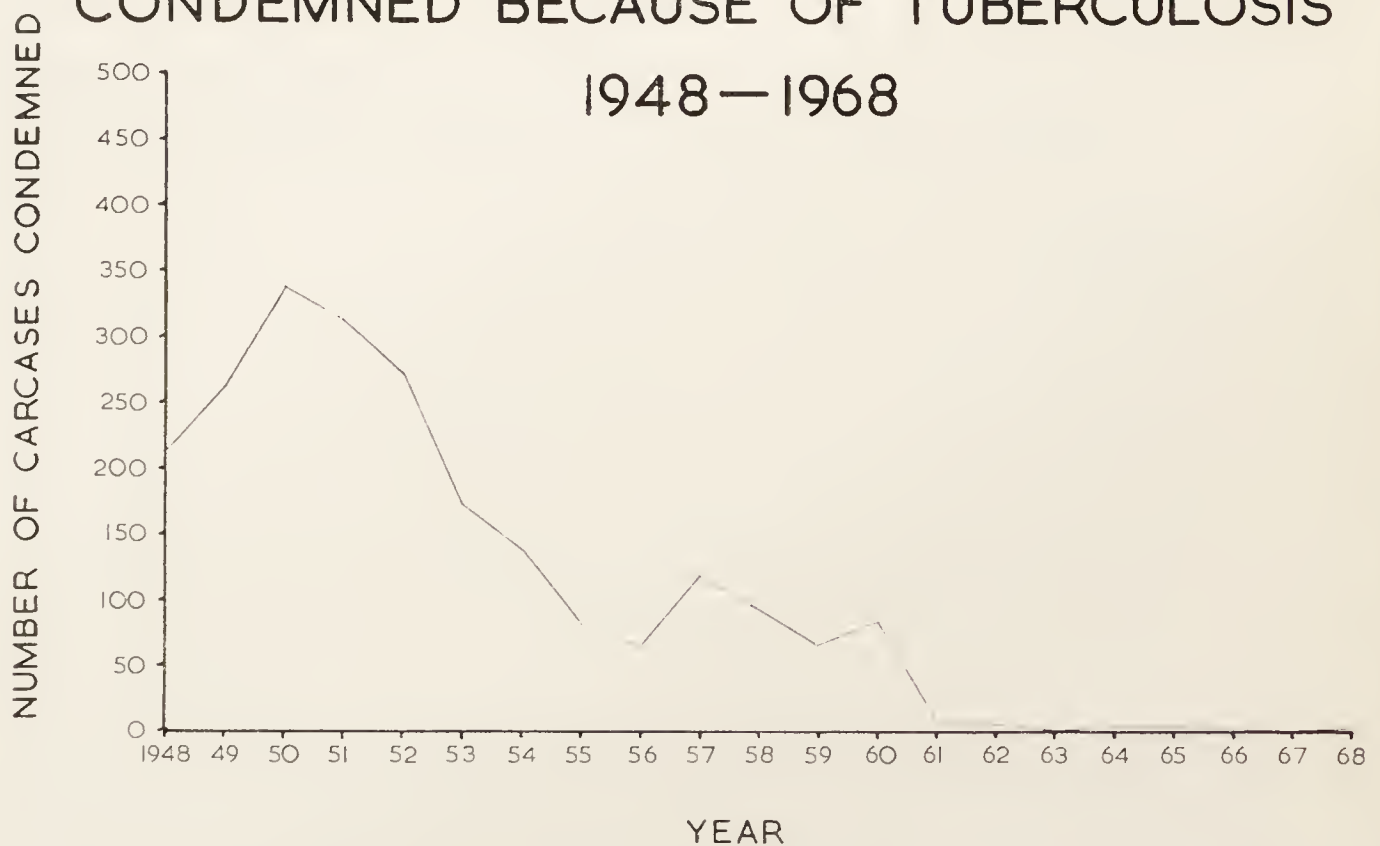
TABLE 3

	Tuberculosis found		
	Advanced	Other than advanced	No visible evidence
(a) Animals slaughtered under the provisions of Tuberculosis Orders	—	—	—
(b) Animals slaughtered under the provisions of the Tuberculosis (Slaughter of Reactors) Order 1950 ..	1	13	3

INSPECTED ANIMALS FOUND TO BE
AFFECTED WITH DISEASED OR
ABNORMAL CONDITIONS
1968



DECLINE IN THE NUMBER OF CARCASSES
CONDEMNED BECAUSE OF TUBERCULOSIS
1948—1968



TUBERCULOSIS REACTORS ORDER, 1950

1 Bullock	..	..	Localised
1 Bullock	..	..	Localised
1 Bullock	..	..	Localised
1 Bullock	..	..	Localised
1 Cow	..	..	Localised
1 Bullock	..	..	Localised
1 Cow	..	..	Localised
1 Heifer	..	..	Localised
1 Cow	..	..	Localised
1 Calf ..	..	..	No Disease Found
1 Cow	..	..	Localised
1 Bullock	..	..	No Disease Found
1 Bullock	..	..	No Disease Found
1 Bullock	..	..	Localised
1 Cow	..	..	Localised
1 Cow	..	..	Localised
1 Cow	..	..	Generalised

Avian Tuberculosis

The 143 pigs which were found to be affected by localised tuberculosis of the head indicates that the percentage of pigs so affected remains about the same.

Lesions in the submaxillary gland could in almost every case be attributed to the avian strain of tuberculosis.

This type of tuberculosis in pigs arises from pigs running on land where poultry is kept when some of the pigs become infected with the avian strain of the disease.

TABLE 4

THE TOTAL CONDEMNATION OF CARCASES OF ANIMALS BECAUSE OF TUBERCULOSIS SLAUGHTERED IN THE CITY BETWEEN THE YEARS 1962-1968

Year			Cattle	Calves	Sheep	Pigs	Total Animals
1968	..	..	2	—	—	—	2
1967	..	..	—	—	—	—	—
1966	..	..	1	—	—	—	1
1965	..	..	3	—	—	—	3
1964	..	..	1	—	—	—	1
1963	..	..	—	—	—	—	—
1962	..	..	5	—	—	—	5

Cysticercus Bovis

During the year there were 82 cases of cysticercus bovis detected at the abattoir. One generalised case required total condemnation of the carcase and offal. Six localised infestations were treated by refrigeration for the required period to render sterile any viable

cysts which may have been in the musculature. Supervision of a further 88 carcasses of beef affected with *cysticercus bovis* was carried out on carcasses sent by outside authorities into the city for cold storage treatment. At the conclusion of the detention period the carcasses were inspected, stamped and released by members of the meat inspection staff. The necessary precaution of carrying out this freezing process renders the viable cysts innocuous, thereby breaking the cycle of this form of parasitic life which in certain circumstances causes tapeworm in man.

Cysticercus Ovis

There were 189 cases of *cysticercus ovis* in mutton during 1968 and in one generalised case the carcase and offal were condemned. In all the other cases the cysts were localised in the heart or the muscles of the diaphragm and were, without exception, found to be calcified and in a degenerated condition.

TABLE 5

INSPECTION OF SLAUGHTERED ANIMALS, 1968
CARCASSES AND OFFALS INSPECTED AND CONDEMNED IN
WHOLE OR IN PART

	Bovine	Calves	Sheep and Lambs	Pigs
Animals killed	30,316	338	84,276	25,823
Animals inspected	30,316	338	84,276	25,823
<i>Tuberculosis:</i>				
Carcasses condemned	2	—	—	—
Part carcasses or organs condemned	27	—	—	143
% affected by Tuberculosis ..	0.095	—	—	0.56
<i>Cysticercosis:</i>				
Carcasses affected	82	—	189	—
Carcasses condemned	1	—	1	—
Part carcasses or organs condemned	81	—	188	—
Carcasses treated by refrigeration ..	6	—	—	—
Diseases or Abnormal conditions other than Tuberculosis or Cysticercosis:				
Carcasses condemned	17	5	184	40
Part carcasses or organs condemned	17,850	5	18,154	8,140



The Quayside.—Inspection of imported poultry.



The Quayside.—Inspection of imported offals.

Imported Foodstuffs

During the year routine visits were again made to the Quayside and a percentage of the following offals and other foodstuffs from 74 vessels arriving from Denmark and Holland were examined.

Bacon Sides	879,852	}	Weight 30,917 tons
Cases of Canned Foods	279,137		
Poultry Packages	30,862		
Offal Packages	14,717		
Pork			Weight 74 tons

Meat and Other Foodstuffs Condemned

In the city wholesale meat depots and shops the following overseas imported meat was condemned, viz:—

BEEF	3,862 lbs., 325 lbs. kidneys, 619 lbs. ox livers, 113 lbs. lungs.
MUTTON	311 lbs., 60 lb. kidneys, 310 lbs. livers, 211 lbs. lungs, 9 carcasses.
PORK	2 carcasses, 433 lbs., 80 lbs. kidneys, 44 lbs. livers.

A very large trade is still carried on in the Newcastle wholesale shops in home killed meat which consists almost entirely of meat brought in from other areas of Northumberland, Durham, Yorkshire and from more distant places such as Scotland, Wales and Lincolnshire. Of this meat and offal the following was condemned during routine meat inspection.

BEEF	1,535 lbs., 58 lbs. lungs, 51 lbs. livers, 24 lbs. kidneys.
MUTTON	4 carcasses plus 1,018 lbs., 236 lbs. sheep lungs, 44 lbs. sheep kidneys, 20 lbs. sheep livers.
PORK	3 carcasses plus 590 lbs.

The total weight of meat and other foodstuffs condemned during 1968 was 189 tons 0 cwt 1 quarter and 5 lbs., as compared with 205 tons 18 cwt 3 quarters and 17 lbs. during the previous year and comprised the following:—

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Beef, Veal, Mutton and Pork	17	12	3	10
Offals	77	14	3	7
Fish	1	13	2	3
Provisions and Tinned Goods	41	8	3	27
Fresh Fruit and Vegetables	50	10	0	14
	189	0	1	5

These condemnations involved the issue of 1,870 certificates.

TABLE 6

POULTRY AND GAME, FRUIT AND VEGETABLES, PROVISIONS,
ETC., DESTROYED AS BEING UNFIT FOR HUMAN CONSUMPTION
DURING THE YEAR 1968

POULTRY AND GAME	
Chicken	lbs. 4,856
Rabbit.....	129
Turkey	160
Fowl	45
Capons	134
FRUIT AND VEGETABLES	
Carrots	lbs. 5,016
Celery	542
Coconuts	362
Grapes	150
Melons	519
Onions	19,876
Peaches	5,758
Pears	19,788
Potatoes	37,744
Sprouts	3,080
Tomatoes	3,372
Pineapples	12
Mushrooms	1,040
Plums	40
Dates	191
Cabbage	6,800
Capsicums	1,102
Nuts	800
Leeks	160
Artichokes	1,380
Broccoli	2,340
Beans	630
Apricots	55
Cherries	2,390
PROVISIONS	
Bacon	lbs. 6,843
Butter	31
Cheese.....	2,012
Cheese Pkts.	55
Flour	504
Frozen Foods, Pkts.	2,673
Preserves, Jars	3,869
Lard	82
Glace Cherries, Jars	3
Salad Cream, Jars	2
Sauce, Btls.....	41
Sugar	229
Powder Milk, Pkt.	12
Powder Milk, Tins	96
Currants	364
Sultanas	90
Mixed Dried Fruit	119
Mixed Peel	420
Nuts, Pkts.	90
Biscuits, Pkts.	407
TINNED GOODS	
Baby Food	Tins lbs.
Baked Beans	26 —
Beans	692 —
Chicken Jars	830 —
Chicken	55 —
Cream	91 —
Fish	122 —
Frankfurters	931 —
Fruit	34 —
Fruit Pulp	12,007 —
Fruit Juice, Btls. ...	6 —
Fruit Juice	69 —
Ham	308 —
Hamburgers	11,508
Meats	8 —
Herbs	22,506
	60
TINNED GOODS—Continued	
Irish Stew	Tins 103 —
Milk	589 —
Milk puddings	574 —
Sausage	190 —
Sausage Jars	24 —
Soups	867 —
Spaghetti	96 —
Steak & Kidney Pud..	17 —
Stewed Steak	523 —
Syrup	7 —
Tomatoes	3,618 —
Tomato Juice	178 —
Tomato Puree	13 —
Meat Paste, Jars ...	24 —
New Potatoes	173 —
Vegetables	623 —
Sweet Corn	6 —
Curried Food, Pkt.	2 —
Cheese Spread, Pkt.	12 —
Peas	2,771 —
Honey, Jars	10 —
Asparagus	2 —
Pease pudding	52 —
Pickles, Jars	36 —
Chestnut Purée	3 —
Hot Dogs	416 —
Porridge, Pkt.	25 —
Minerals, Btls.	37 —
Herbs, Pkt.....	90 —

Bacteriological Examinations

The Public Health Laboratory Service reported upon three specimens from carcasses of animals slaughtered within the city. In all three cases the reports were satisfactory and the carcasses passed as fit for human consumption.

Carcase Beef	Type of Animal	Disease Suspected	Bacteriological Findings
1	Heifer	Salmonellosis ..	No Pathogens isolated in any case
1	Heifer	Septicaemia ..	
1	Cow	Septicaemia ..	

After May 1968 arrangements were made to send future specimens for bacteriological examination to the Ministry of Agriculture, Fisheries and Food, Veterinary Investigation Centre. Only one specimen was submitted to this centre and was reported upon as satisfactory and passed as fit for human consumption.

Carcase Mutton	Type of Animal	Disease Suspected	Bacteriological Findings
1	Lamb	Septicaemia ..	No pathogens isolated

Export Meat

The issuing of certificates for the exporting of meat has now been completely taken over by the Ministry of Agriculture, Fisheries and Food. No certificates were issued during 1968 by the Public Health Inspection staff.

Slaughterhouse Act, 1958

The abattoir was opened on the 1st February, 1968 and is controlled by the City Council and therefore does not require to be licensed. There are now no licensed slaughterhouses within the city.

Imported Food Regulations, 1968

These regulations, in addition to controlling the import of food generally, make special provision to accommodate the modern 'container service' method of transporting food.

The object of this service is that the sealed container should go right through to its destination without being opened and the

responsibility for the examination of its contents is transferred from the Authority at the Port of Entry and becomes the duty of the receiving Authority.

The Newcastle Wholesale Market, as the largest meat distribution centre in the area, is now handling very large quantities of container meat as the receiving Authority of meat landed at west coast ports chiefly in the form of Irish beef and lambs.

This meat is inspected during the daily routine visits made to the wholesale meat premises by the members of the staff of the department.

FOOD INSPECTION AND CONTROL

Analysis of Food and Drugs

The following statistical table shows that of 540 samples submitted the Public Analyst reported adversely upon 45 or 8.3% of the total. This compares with 585 samples submitted in 1967 of which number 7.3% showed some irregularity.

SAMPLES SUBMITTED TO THE PUBLIC ANALYST FOR ANALYSIS OR OTHER EXAMINATIONS						
Article	Number examined			Number adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
(a) Milk— (Chemical Analysis) ..	56	1	57	—	1	1
(b) Milk— (Presence of Antibiotics)	—	66	66	—	1	1
(c) Ice Cream ..	6	—	6	—	—	—
(d) Other Foods— (Chemical Analysis) ..	50	331	381	9	34	43
(Pesticide residues) ..	—	10	10	—	—	—
(Pesticide Residues A.M.C. Scheme) ..	—	7	7	—	—	—
(e) Drugs— (Chemical Analysis) ..	—	13	13	—	—	—
Total ..	112	428	540	9	36	45

Comments upon samples shown to be adulterated or otherwise giving rise to irregularity and the action taken by the Health and Social Services Committee is herewith appended together with tabulated statements and comments, where appropriate, as to compositional quality of the products.

(a) Milk

Only one milk sample was shown to be deficient in fat and this was due to the vendor inadvertently selling skimmed milk in place of pasteurised whole milk. The container, a one pint bottle, did not indicate, either on the bottle or on the cap, that the milk was skimmed milk. A warning letter was addressed to the distributor.

The presumptive standard for genuine milk as declared by statute is that it should contain not less than 3% fat and not less than 8.5% of solids not fat. Milk sold as Channel Island and South Devon milk must contain not less than 4% fat. From the table following it will be seen that the average fat and solids not fat (S.N.F.) content of the samples of milk taken locally was well maintained.

Designation	Number of Samples Taken	Average Composition	
		Fat %	S.N.F. %
Untreated Milk (samples from churns)	1	3.50	8.69
Untreated (Farm Bottled) (Channel Island) Milk	20	5.41	9.32
Pasteurised Milk	22	3.57	8.71
Pasteurised (Channel Island) Milk ..	5	4.90	9.12
Sterilised Milk	9	3.68	8.66
Total	57	—	—

(b) Antibiotics in Milk

A total of 66 samples of milk were submitted to the Public Analyst for the examination of antibiotic residues. Fortunately, only one sample showed a reaction and this was due to only a trace of penicillin residue.

(c) Ice Cream

The Food Standards (Ice Cream) Regulations, 1959 require that ice cream shall contain not less than 5% fat. During the year six samples were analysed by the Public Analyst all of which proved to be of good compositional quality.

(d) Other Foods

(1) Meat and Meat Products

(a) Meat Pies. Sixteen samples of meat pies failed to comply with the Meat Pie and Sausage Roll Regulations, 1967 which came into operation on the 31st May, 1968. In some instances the meat deficiency was marginal but three samples contained less than 15% of meat. Subsequent samples showed an improvement in the meat content to comply with the regulations but in two instances the pies were re-labelled 'meat and vegetable' and the ingredients amended to comply with the regulations for this type of product.

(b) Meat Mince. Five samples of meat mince (three informal and two formal) procured from two manufacturers vendors, and were submitted to the Public Analyst. These samples were found to contain the preservative sulphur dioxide in amounts varying between 285 to 1,200 parts per million. The Preservatives in Food Regulations, 1962 prohibit the presence of preservatives in food except for certain specified foods. Since meat mince is not one of these specified foods the samples contravened the requirements of these regulations. One vendor was prosecuted and convicted and a warning letter sent to the second as it was his first offence.

(c) Chicken Pattie Savouries. This sample was found to contain only 9.7% meat. The Analyst was of the opinion that the sample was of poor quality. There is however no standard for these products and it was resolved that no further action be taken at the moment.

(d) Pork Brawn. This sample was satisfactory as regards meat content but the top cover of the container had been applied in such a manner that one could not read the list of ingredients completely. A letter was addressed to the vendor.

(e) Irish Stew. This sample was satisfactory as regards meat content but the labelling was unsatisfactory due to the presence of peas in the sample not being declared in the list of ingredients. A letter was addressed to the manufacturer.

(2) Other Miscellaneous Foods

(a) **Salmon Cakes.** Two samples (one informal and one formal) were found to contain 12.6% and 16.2% of fish respectively. The Food Standards (Fish Cake) Order, 1950 refers to "fish" cakes and not "salmon" cakes and consequently no further action was taken.

(b) **Chilli Powder.** Five samples were found to contain an oil-soluble dye not permitted by the Colouring Matter in Food Regulations, 1966. The consignment of chilli powder, from which the samples were taken, was returned to the importing authority who supervised its destruction.

(c) **Peeled Potatoes.** Three samples of peeled potatoes were found to contain sulphur dioxide preservative in amounts ranging from 95 to 165 parts per million. The Preservatives in Food Regulations, 1962 permit raw potatoes to contain a maximum of 50 parts per million of sulphur dioxide. Warning letters were sent to the manufacturer in each case.

(d) **Scones.** It was shown by analysis that a sample described on the menu as buttered scones was spread with a substance only resembling butter. The vendor was cautioned.

(e) **Cheeses.** A sample of low fat soft cheese was found to contain 42% fat and therefore contravened the Cheese Regulations, 1965. The hydroxamic acid index of the fat indicated that approximately 5% of the fat was butter fat. The cheese should have been labelled in such a manner as to indicate that it was a low fat soft cheese with additional fat blended. The vendor was notified of this fact.

The compositional quality of a sample of soft cottage cheese was found to comply with the standard for medium fat soft cheese as laid down in the Cheese Regulations, 1965. The label of the container of this sample did not bear the words medium fat soft cheese required by regulation 6 and the manufacturer was informed accordingly.

(f) **Cal Fresh (Calcium Drink).** The irregularity in this sample occurred in the name applied to the product which was not a drink but crystals from which a drink was made. It would have been more correctly labelled Calcium Drink Crystals. In the absence of any statutory guidance no action was taken.

(g) **Ready-soaked Peas.** The irregularity in this sample was the omission in the list of ingredients of the main ingredient, namely peas. A letter was addressed to the manufacturer.

(h) **Pickled Red Cabbage.** This sample was quite unpalatable due to an unpleasant musty smell and taste. The manufacturer was notified and all stocks were withdrawn from sale.

(i) **Pasties (containing wasp).** These samples were submitted to the Analyst to confirm that the insects were present before the pasties had been cooked. The Analyst confirmed this and both vendors were prosecuted and convicted.

(j) **Blackcurrant Health Drink.** The irregularity in this sample was a statement on the label, which declared that this particular blackcurrant was especially beneficial because it was made with Barbados brown sugar. A letter was addressed to the manufacturer enquiring if there could be any justification to this statement. The manufacturers reply stated that Barbados and other varieties of raw sugar are widely considered to be more beneficial than refined white sugar because these sugars contain much larger amounts of certain essential minerals.

Pesticidal Residues

Newcastle upon Tyne continued to participate in the Association of Municipal Corporations' sampling survey of pesticidal residues in foodstuffs. Seven selected samples were procured during the year and submitted to an examination for residues of organo-chlorine pesticides using gas liquid chromatography. Only one of these samples, namely lard, showed 0.05 parts per million of benzene hexochloride. In this country, there are no officially specified limits for this sort of chemical contamination and the American standard which fixed the limit of safety at not less than 5 parts per million is taken as a guide. As this sample did not exceed this amount it was deemed to be satisfactory.

In July, the agreed two year programme of pesticidal residue sampling was completed and the report on the results and proposed future activity in this field is awaited with interest.

In addition to these seven samples a further 10 samples were submitted to the Public Analyst and all of these samples were shown to be free from pesticidal residues.

Drugs

During the year 13 samples of household drugs or medicines were examined by the Public Analyst and these were found to be satisfactory.

Miscellaneous Comments

The year has not been one without a number of eventful happenings in relation to the food we eat. In May an outbreak of mussel poisoning occurred which was somewhat unique in its character, in that, it was not as a result of the consumption of mussels from layings contaminated by sewage or other pollution, but was due to the presence of dinoflagellates. The medical aspects of this occurrence, which is rare in this country, have been reported elsewhere and in the medical press, and it is not intended to dwell upon them in this report. The satisfying thing about this outbreak was that diagnosis of the first case was confirmed at 1.15 a.m. on the morning of Friday, the 31st May and by 8 a.m. on the same morning the sale of mussels from suspected infected layings had been effectively stopped in the city through the action of the Inspectorial staff in the early hours of the morning, thus confining the outbreak to a comparatively small number of people. Had this not been done it is probable that the outbreak would have assumed alarming proportions as the weekend sale of mussels in the city is very considerable. This case demonstrates clearly the importance of maintaining a staff of efficient Public Health Inspectors trained in dealing effectively and quickly with the emergencies of the moment. It is doubtful whether the same degree of control could have been exercised had the sources of distribution not been known and this sort of information is acquired only by a technical staff possessing a knowledge of the foodstuffs imported into the city.

Since 1962 close supervision of the city's milk supplies has been exercised over the possible adventitious presence of antibiotics in milk resulting from the treatment of animal disease with these substances. It is pleasing to record that only one sample, in our own area has revealed the presence of antibiotics and that was only a slight trace, but during the year a decision was reached in the High Court which leaves no doubt as to how we must proceed in the event of any adverse report being received.

In brief, this was a case brought originally by the Shropshire County Council in respect of a sample of milk which, on analysis, was found to contain antibiotic material. The charge was made that this was an offence under Section 2 of the Food and Drugs Act, 1955 in that milk was not of the substance demanded by the purchaser and the plea of the defence was that there was no case to answer because the milk was genuine milk as it came from the cow.

It was ruled by the Lord Chief Justice that this plea of "milk as it came from the cow" had been successful in a number of previous cases, but the decision was based upon the natural constituents of milk where *quality* was called into question because of the variations in the normal amounts of fat and solids-not-fat. In no previous judgement had it been said that this was a sufficient defence if there was found in the milk some substance which should not have been there at all. It was true that milk containing antibiotic material was, in this case, a direct product of the cow but the cow was not, in fact, producing milk but some other liquid which was not contained in the natural constituent parts of milk. It was, therefore, not of the substance demanded by the purchaser and the vendor ought to have been convicted.

This ruling by the Lord Chief Justice has removed any doubt there may have been in the minds of local authorities as to the wisdom of instituting legal proceedings in respect of milk containing an antibiotic and possibly having to face expensive appeal proceedings. It has led also to a more rigid examination of milk at the dairies as it comes in from the farms, which probably accounts for our own failure to discover any milk in the city contaminated with antibiotics.

Pesticidal residues in food have caused concern to local councils over a considerable period of time and in 1965, prompted by this concern, the Association of Public Analysts prepared a scheme whereby interested Food and Drug Authorities could take part in a survey covering England and Wales. The principal objective of the scheme was to find out the extent to which foodstuffs in common use were contaminated and to obtain a reliable indication of the levels of such contamination.

The scheme prepared by the Public Analyst was sponsored by the Association of Public Analysts, the County Councils' Association, the Association of Municipal Corporations and the Urban District Councils' Association, as it was realised that a systematic survey would be more conclusive than unco-ordinated random sampling by individual Food and Drugs Authorities and that in avoiding duplication and sharing costs, the work would be carried out more economically.

In the first year the work was shared by 233 Authorities of which Newcastle was one, and the scheme was so designed as to ensure that the results would be capable of statistical examination. During

the year under review the result of the first year's work was published as an interim report and it is pleasing to see that in the foods sampled there was no evidence of contamination sufficiently serious to be of danger to the public health in the short term, although some of the foods sampled showed traces of pesticides which, while insignificant, were higher than expected and some further investigation will need to be made and possibly conclusions modified in the light of further knowledge as it becomes available.

While the foregoing events are shown to be highly satisfactory in so far as the environmental hygienist is concerned some features of the year's work proved to be less satisfying and much more research will have to be undertaken before any very sensible and practical conclusions can be drawn.

For example, when the Food Standards Committee made its report on meat pies, it suggested that when these were brought under the legislative control they should contain not less than 25% of meat based on the weight of the pie as a whole, and recommended this as the basic standard with the proviso that the standard shall be deemed to have been complied with if in a pie weighing not less than 4 ozs. and not more than $5\frac{1}{2}$ ozs., 1 oz. of meat was present and that in a pie weighing up to 3 ozs. the weight of meat should be not less than $\frac{5}{8}$ oz. These are the most popular weights of pie on sale today. This was a reasonable proposal and one which allowed for unavoidable variations of weight in making pies of this size.

When the Meat Pie and Sausage Roll Regulations were made, however, there were four weights of pie introduced all of which had their own proportion of meat content specified. The minimum weight of meat was to be $\frac{5}{8}$ th oz., $\frac{7}{8}$ th oz., 1 oz. and $1\frac{1}{2}$ ozs. in pies which did not exceed in total weight 3 ozs., 4 ozs., 5 ozs. and 7 ozs. respectively. The variations in these weights are so small that the mind boggles at the thought of preparing a piece of pastry which with its proportion of meat will come out of the oven in every case conforming to these very narrow limits. The bakery trade has done its best but it is inevitable that we shall continue to receive certificates from the Public Analyst informing us that pies sent to him for analysis are marginally deficient in meat, or even, as happened in one case, that if the manufacturer had put into the pie $\frac{1}{4}$ oz. less meat it would have complied with the Regulations. As it was, by putting in this small amount of meat extra (less than 1 teaspoonful) it had tipped the scales and put the pie into the next highest weight

of pie which it was not supposed to be. Bearing in mind the practical difficulties involved and despite the statutory limitations it is difficult to recommend the institution of legal proceedings when a pie may be not more than a fraction of an ounce less than it should have been in respect of its meat content.

Despite the importance of food in our lives and the painstaking work performed by Food Inspectors, Sampling Officers and Public Analysts, it is to be regretted that more use is not made of their work statistically on a Nation wide basis. It would seem that there is a need for a greater dissemination of knowledge of this kind in the interests of consumer protection.

Bacteriological and Other Examination of Food

Milk

The bacteriological quality of Untreated (Farm Bottled) Milk showed a marked decline as compared with the previous year. The percentage of samples which failed the methylene blue test was 8.95 as compared with 2.6.

The percentage of pasteurised milk (bottled and cartoned) which failed the test was 0.72 as compared with 2.97 in 1967.

A total of 217 samples were taken from milk dispensers in stores and snack bars and submitted for bacteriological examination. Of these 65 failed the methylene blue test (43 pasteurised and 22 untreated milk). As a result of these unsatisfactory samples check samples were taken from churns prior to filling the dispensers. It was revealed that nine were unsatisfactory (seven untreated milk and two pasteurised milk). Investigation was made into the storage arrangements at the retail premises and methods of sterilizing the cylindrical dispensers and also the dairy practice in filling the cartons of milk for use in the refrigerated dispenser cabinets. A report on the treatment, handling and bacteriological condition of catering sales milk, particularly that from dispensers, was in the course of preparation at the end of the year and reference will be made in the annual report for 1969.

All but two samples passed the phosphatase test.

Sixty-three samples of sterilised milk were submitted to the turbidity test and all samples proved to have been satisfactorily sterilised.

BACTERIOLOGICAL EXAMINATION OF MILK

Designation of Milk	Samples Taken	Satisfactory	Unsatisfactory	% Unsatisfactory
Untreated (Farm Bottled)	67	61	6	08.95 %
Untreated (From Dispensers) ..	52	30	22	42.30 %
Untreated (From Churns)	10	3	7	70.00 %
Pasteurised (Bottled and Carton)	138	137	1	00.72 %
Pasteurised (From Dispensers) ..	165	122	43	26.06 %
Pasteurised (From Churns) ..	8	6	2	25.00 %
Total	440	359	81	—

Tubercle Bacilli

Eighteen samples of Untreated (Farm Bottled) Milk were examined for the presence of tubercle bacilli and all were found free from infection.

Brucella Abortus

Fifty-two samples of untreated milk (50 farm bottled and two churns) were examined for brucella abortus. Two of these samples (Farm Bottled) indicated a ring test positive but on further examination (biological) brucella abortus was isolated in only one of these samples. Appropriate notification of the results of the examination was given.

Milk Churns and Bottle Rinses

Rinses were taken from 20 milk churns, two of which were classified as unsatisfactory according to the suggested classification of the Public Health Laboratory Service. Similarly, 30 milk bottles were taken immediately upon leaving the washing machine for bacteriological examination and two of these were found to be unsatisfactory.

After notification to the dairy management concerned and inspection by the District Inspector, subsequent samples of rinses proved to be satisfactory.

Ice Cream

It will be seen from the table below that ice cream manufactured in the city continues to be of a higher bacteriological quality than that which is retailed in the city from outside manufacturers.

The unsatisfactory samples were notified to the District Inspector concerned and after suitable action the check samples found to be satisfactory. The appropriate local authorities were notified where outside manufacturers were concerned.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM						
Provi- sional Grade	Manufactured in City		Manufactured outside City		Total	
	No. of samples	Per- centage	No. of samples	Per- centage	No. of samples	Per- centage
1	20	58.823	19	44.184	39	50.649
2	6	17.647	4	9.303	10	12.987
3	4	11.765	8	18.605	12	15.584
4	4	11.765	12	27.908	16	20.780
	34	100.00	43	100.00	77	100.00

Other Foods

(i) **Meat.** Due to the redirection of a consignment of imported Australian raw, boneless beef from the Port of Glasgow to Newcastle, it became necessary to take samples for bacteriological examination. Of the 62 samples taken three yielded *Salmonella* Chester and none yielded *Salmonella* Typhi. These three samples comprised only 9% of one particular consignment and was regarded as acceptable for distribution as the meat was going for manufacturing purposes and subject to heat treatment of 240°F for 90 minutes which would in itself be sufficient to kill all vegetative bacteria.

A ton of suspect Yugoslavian chopped pork, submitted for bacteriological examination was found to be free from pathogenic organisms.

(ii) **Bacon and Bacon Skin.** Six samples of bacon and bacon skin, taken from a consignment of cargo imported from Denmark to

Newcastle which had been contaminated by bilge water, was submitted for bacteriological examination. Salmonella organisms were not isolated and the cargo was therefore released after the trimming off of the contaminated surfaces.

(iii) **Pet Food.** Five samples of knacker meat were submitted for routine bacteriological examination. All were found to be satisfactory.

(iv) **Butter and Wrapping Papers.** Nine samples of butter and wrapping papers were taken from a consignment of imported butter landed at the Newcastle Quayside. The samples had been contaminated by bilge water. The bacteriological examination revealed the presence of B.coli 180+ per ml. The consignment comprising 256 cwts. was transferred to another authority where it was to undergo satisfactory heat treatment before being used for commercial purposes.

(v) **Pasteurised Liquid Egg.** During the year 10 samples of pasteurised liquid egg were taken from a processing firm in the city and all complied with the alpha-amylase test prescribed in the Liquid Egg (Pasteurisation) Regulations, 1963.

Fertilisers and Feeding Stuffs Act, 1926

During the year seven samples of fertilisers and nine samples of feeding stuffs were submitted to the Agricultural Analyst. In all samples the Statutory Statements were correct within the limits of variation.

Milk and Dairies (General) Regulations, 1959

Applications were received from 45 persons for registration as distributors of milk. At the end of 1968, the third year of the quinquennial registration period, the total number of distributors on the register was 639.

Milk (Special Designation) Regulations, 1963

All licences issued under the above regulations are required to be renewed on the 1st January, 1971. There were 639 licences in force at the end of the year. 45 licences were issued during the year in respect of the sale of designated milk.

Food Hygiene

The situation concerning food hygiene in the city is relatively static and without more staff it is difficult to see the standard being raised to a more satisfactory level. There is little doubt that the most successful way of achieving a high standard in food handling in the numerous food premises throughout the city is by having a sufficient number of fully qualified and competent Public Health Inspectors to carry out frequent routine visits, and for the Inspectors to have time not merely to inspect the premises on a formal basis but to have discussion with management and the individual food handlers.

During 1968 it has been impossible to do more than carry out formal inspections at irregular intervals but this method of working results only in premises being brought up to a satisfactory standard of repair and the installation of suitable fittings. It does not really get over to the food handlers the true message of food hygiene. The usual practice of lecturing to groups of food handlers, interested organisations, and students of the food trade has continued, however, during the year, and in this way one hopes that a lot of young people entering the food trade will have a wider knowledge and understanding of food hygiene than had their predecessors.

Insects can become a major problem in food premises and in one case as a result of finding an infestation, legal proceedings were instituted in the Magistrates' Court and the Company were fined a total of £115. Following this conviction an application was made to the Magistrate for an Order disqualifying the Company from using these premises as catering premises and an Order was granted for a period of four months. Other legal proceedings instituted concerned a person smoking a cigarette whilst handling food and dirty bakery premises. In both cases successful prosecutions were sustained.

It was with regret that a clause which we would have liked to include in the Newcastle upon Tyne Corporation Bill concerning prior notification to the local authority of premises intended to be used for the sale of food had to be withdrawn as a result of objections raised to its provisions. Problems constantly arise due to food premises being opened without ever being discussed with, or inspected by, a Public Health Inspector and with the present staff shortages it is impossible to ensure that all of these premises are discovered before

they open for business. This leads to difficult relationships between this department and the proprietors, as, often, considerable sums of money have been spent on fittings and fixtures and when it is suggested that these are not really suitable, the first question asked is "Why have we not been told this before now?", the implication being, that in some mysterious way the inspector should have discovered that a food business was to be opened. Nevertheless, in spite of this difficulty a large number of premises are discovered and matters put right before the opening date. It is rarely that anyone objects to our suggestions in the planning and construction stage and thus it is more difficult to understand why the clause referring to prior notification of the opening of food premises was objected to and removed from the Bill.

Registered Premises—Food and Drugs Act, 1955 and Newcastle upon Tyne Corporation (General Powers) Act, 1935

During the year 1968 applications were received for the registration of premises for the manufacture or sale of ice cream and 14 applications for the registration of premises for the preparation of sausages or potted, pressed, pickled or preserved food. These applications were approved and at the end of the year the premises on the register were as follows:—

Sale or manufacture of ice cream	..	..	..	536
Preparation of sausages or potted, pressed, pickled or preserved food	..	..	..	335
Total	..	..	..	<u>871</u>

The total number of premises registered at the end of the year showed an increase of 51 over that of 1967.

TOTAL NUMBER OF FOOD PREMISES SUBJECT TO THE FOOD HYGIENE REGULATIONS 1960

Type of Premises	Premises			
	Total Number	No. Fitted to comply with Reg. 16*	No. to which Reg. 19 applies	No. Fitted to comply with Reg. 19**
Dairies ..	11	8	5	5
Bakehouses ..	57	57	57	57
Butchers ..	211	209	209	209
Food Manufacturers	38	37	35	35
Food Packing ..	15	15	14	14
Food Storing ..	47	45	24	24
Catering	307	307	307	307
Grocery & Provisions ..	201	201	201	201
Fishmongers ..	42	42	42	42
Fish Fryers ..	74	74	74	74
Greengrocers ..	155	153	132	132
General Dealers	434	434	424	424
Confectioners ..	365	365	343	343
Licensed Premises	428	419	381	381
Cinemas & Theatres ..	19	20	7	7
Stalls	70	72	37	37
Miscellaneous Premises ..	76	76	15	15
	2,550	2,534	2,307	2,307

* Regulation 16 relates to the provision of wash-hand basins

** Regulation 19 relates to facilities for washing food & equipment

Poultry Processing

There are no poultry processing premises in the city.

DISEASES OF ANIMALS

Foot and Mouth Disease

The outbreak of foot and mouth disease which started near Oswestry on the 25th October, 1967 was to become the largest the country has known.

The Ministry of Agriculture, Fisheries and Food in their efforts to limit the disease placed the whole of England and Wales under a Foot and Mouth Disease (Controlled Areas Restriction) Order. One of the results of this Order was that the department was required to issue a special licence for the holding of a Fatstock Market

sanctioned by the Health and Social Services Committee with the approval of the Ministry of Agriculture, Fisheries and Food. In addition, licences had to be issued by the department for the movement of animals into the city. The outbreak continued until June 1968 though the restrictions were withdrawn in the North of England on the 14th February, 1968. From the period October 1967 until 14th February 1968, 1,726 licences were issued by the inspectors for the movement of 57,385 animals.

One of the requirements of the Foot and Mouth Restrictions Order was that animals, having arrived at the slaughterhouse, must be slaughtered within a shorter period than is normally permitted. This meant that extra time was taken up by the staff in seeing that this was carried out while numerous telephone enquiries required the office be staffed continuously by a Diseases of Animals Inspector. This extra work was eased by the opening of the abattoir and with the concentration of lairage accommodation from 40 lairages into one, though this period lasted for only two weeks before the restrictions were withdrawn.

Tuberculosis

No animal was dealt with under the Tuberculosis Order of 1964.

Anthrax

No case of anthrax was reported in the city during 1968. There were 211 outbreaks in the country resulting in the deaths of 221 animals.

Swine Fever

No outbreaks occurred.

Fowl Pest

There were 98 outbreaks in Great Britain but fortunately none occurred in the city.

Brucellosis (Accredited Herds) Scheme

Under the above scheme some animals which show a positive reaction to the official brucella blood test are required to be sent for slaughter under licence issued by the Ministry of Agriculture, Fisheries and Food.

Started in 1967, the scheme was temporarily delayed during the long outbreak of foot and mouth disease. Since the foot and mouth restrictions were withdrawn in the North of England 15 cattle (13 cows, one heifer and one bull) have been sent to Newcastle for slaughter, the carcasses being suitable for food after condemnation of certain parts.

As brucellosis is transmissible to man in the form of undulant fever it is to be hoped that in the future brucellosis will, like tuberculosis, have largely disappeared from the herds of this country.

Abattoir, Livestock Market and Transit of Animals

Following several trial runs in January the abattoir was opened for full use on the 1st February, 1968. The 23 old slaughterhouses in the city were finally closed on the 31st January, 1968 and thus ended many years of frustrating endeavour on the part of the meat inspection staff who had dealt with the problem of enforcing a reasonable state of hygiene in the old and unsuitable premises. During the trial period 1,596 animals comprising 249 cattle, 1,336 sheep and 11 pigs were slaughtered, primarily to test the equipment and enable staff to become accustomed to the improved methods of operation.

During the year 12 animals comprising one cow, one heifer, three pigs and seven sheep, were found dead in lair. All these animals were condemned as unfit for human consumption and sent to a processing plant for manufacture into inedible products. This compares favourably with the year 1967 when 41 animals were found dead in lair. In two cases a scheduled disease was suspected in relation to a heifer and a pig, and smears were taken by the veterinary consultant and subsequently found to be negative.

The reduction in the number of animals found dead in lair is undoubtedly due to the improved lairage facilities at the abattoir enabling better supervision of the animals to be maintained by the inspection staff who are responsible for their welfare.

Separate isolation pens are available for casualties or sick animals, and horned cattle are tethered in special pens to avoid damage to others.

Five animals showing signs of distress were removed from the lair for immediate slaughter. Of this number a sheep and a pig were condemned as unfit for food.

The line system of carcase dressing employed at the new abattoir, after some initial reluctance to change on the part of the staff, is now working well and is accepted by the slaughtermen as quicker and easier than the old methods. All-metal equipment, tiled walls, suitable floors and steam hoses all play a part in achieving a much better state of hygiene than was possible in the old premises. Wiping cloths are now prohibited and all meat is washed down with a hot water spray.

It is regrettable that a very high proportion of the wholesale meat traders in Newcastle are still using the old premises in the Marlborough Crescent area and have not yet taken advantage of the new meat market provided by the Corporation. This is the main reason why the abattoir and meat market are only being used so much below their maximum capacity.

PEST CONTROL

Rodent Control

There was a gratifying decrease during the year in the number of properties infested by rats, but this was to some extent offset by an increase in the number of complaints relating to mice. Indeed, there appears to be a nation-wide increase in mice of the which Ministry of Agriculture, Fisheries and Food is aware. It is thought that this increase may be due to an acquired resistance to Warfarin, the poison used in their control.

The department has on a number of occasions used the poison Alphakil for mice which rodenticide has proved to be quite successful, but its use has been limited by the excessive cost incurred. Rats, too, appear to be developing Warfarin resistance to some extent but a new poison, Coumatetralyl, which has a Warfarin base, has been used and this has been found to be slightly more effective but again the excessive costs limit its use.

The costs for contract work were revised during the year and new agreements made. The service by contract is now bi-monthly and this accounts for the apparent decrease in the number of visits made.

RAT AND MICE INFESTATIONS DURING 1968

	Dwelling Houses	Other Premises	Total
Number of properties inspected	2,873	1,656	4,442
Number of visits (including revisits)	7,648	4,921	12,569
Number of properties found to be infested:			
Rats ..	387	174	561
Mice ..	813	283	1,096
Number of infested properties treated by Local Authority:			
(a) On complaint	1,200	457	1,657
(b) Under contract	—	126	126
“Block Control” schemes	114	—	114

Feral Pigeons

At the beginning of the year pigeon traps were in operation at the Clarence Street Mission and in the Bell Tower of St. Thomas' Church. Both traps were catching only a small number of pigeons each day, averaging about 10 a week, although by the end of April even this small number had begun to fall further. About this time there came to the notice of the department two other locations of infestation which appeared to be suitable for the use of traps. One was in the garden of a private house in the west end of the city and the other was in the roof space of business premises in City Road. During the first few weeks an average of 15 each week were caught in the trap in the garden of the private house and very soon the infestation in this area was reduced to negligible proportions. It is unfortunate that in that particular district certain bird lovers still insist on feeding pigeons by placing scraps of bread on the lawn of the house and it is regrettable that within a few months the infestation will probably recur. The average catch at the trap in City Road was about eight each week, but here again after a few weeks the numbers caught were reduced to only one or two a week and in October this trap was discontinued.

In November three additional traps had been obtained and these

were immediately sited at places in respect of which complaints of pigeon nuisance had been received. One infestation was on the top floor of a block of flats in Kenton, another on the flat roof of business premises in the city centre and the third on the flat roof of the Green Market. These traps proved to be quite successful, catching in total an average of some 20 pigeons each week. Unfortunately, access to the trap over the Green Market is difficult to prevent and it is known that numbers of pigeons have been stolen from the trap but for what purpose it has been difficult to establish.

The principal area of infestation in this city is in Eldon Square and its neighbourhood but it not been found possible to control this infestation because of the difficulty in finding a suitable site in that neighbourhood to site a trap. Although this unhappy circumstance has been a major difficulty in achieving success in the eradication of feral pigeons the pigeon population has, more or less, been kept under control.

A total of 805 pigeons were caught and destroyed during 1968 at the end of which year there were four traps in use.

Site	Pigeons Trapped
Clarence Street	174
St. Thomas' Church	188
Ovington Grove	190
City Road	104
Carrsdale Road	57
High Bridge	52
Green Market	40
Total	805

Disinfestation (Slum Clearance)

During the year there was an increase in the disinfestation of household effects prior to removal into council houses from unfit houses when 1,109 cases were dealt with compared with 852 in 1967. The work involved the spraying of 1,469 rooms and the disinfestation of bedding on 264 occasions. Most of the houses from which rehousing took place and in respect of which disinfestation was carried out were in the Addison Road/Grafton Street, Georges Road, Clive Terrace, Stone Street, Elswick Row and Melbourne Street clearance areas.

Disinfestation (General)

A total of 836 premises was dealt with during the year comprising 678 houses and 158 premises. Most of the infestations were of cockroaches, wasps and fleas and again in 1968 there was a decrease in the number of premises infested with bugs. In dealing with these infestations 89 lbs. insect powder, 306 gammexane smoke generators and 313 gallons liquid insecticide were used. The work of disinfection after infectious disease was carried out by the same staff and in connection with this additional work 20½ gallons of white fluid were used. The number of visits for disinfestation purposes rose during the year to 3,030 this increase being mainly due to the greater number of follow-up visits made, particularly to school kitchens. The table below shows the different kinds of insects in respect of which disinfestation measures had to be taken during the year.

PREMISES DISINFECTED

Premises infested with cockroaches	..	..	640
Premises infested with other insects	..	..	72
Premises infested with wasps	..	..	36
Premises infested with fleas	..	..	20
Premises infested with golden spider beetles		..	17
Premises infested with flies	..	..	17
Premises infested with red mite	..	..	16
Premises infested with bugs	..	..	16
Premises infested with lice	..	..	2
Total	..	..	836
Premises fumigated	..	..	28

The treatment of one particularly difficult and long standing infestation in the West End of the city which gave considerable satisfaction involved a number of council houses in respect of which numerous complaints have been received concerning cockroaches. During 1965 a total of 147 houses had been treated and a further survey made during 1968 indicated that in only 21 houses had there been a recurrence of the infestation, the majority of which infestations were of a very minor nature. Because of the natural protection of the eggs which the adult lays and the time period of the life cycle of the cockroach, complete eradication of these insects can be achieved only over a prolonged period and the work on these particular houses has shown that treatment can be very effective and lasting when carried out in a thorough manner.

MISCELLANEOUS MATTERS

During the year the following legislation affecting the work of the department came into operation.

Newcastle upon Tyne Corporation Act, 1968

The work of the department under this Act is affected principally by the provisions of Sections 72 and 75. The former section prohibits persons from letting houses in multiple occupation without the consent of the Corporation and the Corporation in giving such consent may impose conditions. By the provisions of the latter section the Corporation are empowered, after giving 24 hours notice, to re-instate any domestic water supply which has been cut off and for that purpose to repair or renew any pipes or fittings.

Rent Act, 1968

This Act re-enacts the provisions of the 1957 Act with regard to the issue of Certificates of Disrepair.

Agriculture (Miscellaneous Provisions) Act, 1968

Part I of this Act deals with the welfare of livestock and the prevention of pain and distress of animals situated on agricultural land.

Health Services and Public Health Act, 1968

This Act, amongst other things, re-defines the meaning of "notifiable disease" and repeals the provisions of the Food and Drugs Act, 1955 with regard to the notification of food poisoning. At the same time it re-enacts with certain amendments the procedure to be followed in the event of an outbreak of food poisoning.

Clean Air Act, 1968

Further provision is made in this Act for the abatement of pollution of the air. It deals, in particular, with the prohibition of dark smoke from industrial or trade premises, the emission of grit and dust from furnaces, chimney heights and the acquisition and sale of unauthorised fuel in smoke control areas. In addition, it gives the appropriate Minister of the Crown power to direct a local authority to make a smoke control order in respect of its area or

any part of its area where the Minister is satisfied that the local authority have not sufficiently exercised their powers under Section 11 of the Principal Act.

Caravan Sites Act, 1968

The purpose of this Act is to secure the establishment of sites for the benefit of occupiers of caravans and to control the unauthorised occupation of land by gypsies and other persons of nomadic habit.

Trade Descriptions Act, 1968

This Act lays down that if traders make untrue statements about the goods they sell they will be liable to prosecution. In so far as food is concerned, it repeals the Merchandise Marks Act, 1926 but the Orders made under that Act which relate to the marking of food, are continued in force for a period of three years. Where an Order or Regulations have been made under the provisions of the Food and Drugs Act, 1955 setting out the compositional quality of food the name by which that product is to be known is not to be regarded as a trade description.

Medicines Act, 1968

The Medicines Act, 1968 makes amendment to the Pharmacy and Poisons Act, 1933 insofar as that Act relates to registered pharmacists. The Diseases of Animals Act, 1950 is amended in respect of the manufacture of veterinary therapeutic substances and the Food and Drugs Act, 1955 is amended so as to remove from it almost all references to the sale and sampling of drugs.

Diseases of Animals (Milk Treatment) Order, 1967

Diseases of Animals (Milk Treatment) (Amendment) Order, 1968

These Orders prohibit the feeding of milk, or other liquids containing or derived from milk, to cattle, sheep, other ruminants and swine unless the milk or other liquid has been either boiled or pasteurised.

The Merchandise Marks (Imported Goods) No. 7 Order 1934, Amendment Order, 1967

The 1934 Order prohibited the importation into the United Kingdom of certain kinds of meat and edible offals unless they bore

an indication of the country of origin. The indication of origin was to be stamped on the meat or container with letters of specified size. The amending Order permits a reduction in the size of the lettering.

The Rag Flock and Other Filling Materials (Variation) Order, 1968

This Order increases the fees payable in respect of registration and licensing of premises under the Rag Flock and Other Filling Materials Act, 1951.

Fertilisers and Feeding Stuffs Regulations, 1968 and the Fertilisers and Feeding Stuffs (Amendment) Regulations, 1968

The purpose of these Regulations was to consolidate with amendments, previous Regulations made under the Fertilisers and Feeding Stuffs Act, 1926. The Regulations prescribe the forms and registers which are to be kept and also the manner in which parcels of fertilisers and feeding stuffs intended for sale shall be marked. The certificate of analysis is changed and the form of quarterly return to be made by the local authority to the Ministry of Agriculture, Fisheries and Food is prescribed. The amendment regulations were made so as to come into operation on 1st July, 1968, the same day as the coming into force of the main regulations. The principal alteration is the removal of the requirement to declare in certain circumstances the presence of copper or magnesium in feeding stuffs.

Clean Air (Measurement of Grit and Dust) Regulations, 1968

The regulations prescribe the requirements to be observed where occupiers of buildings in which certain furnaces are situated are directed by the local authority to make and record measurements of the grit and dust emitted from the furnace.

Imported Food Regulations, 1968

The protection of health in relation to imported food is dealt within these regulations which replace the Public Health (Imported Food) Regulations 1937 and 1948. It is an offence to import food which is unfit or unsound or unwholesome and authorised officers are given powers of examination and detention. Meat and meat products cannot be imported without an official certificate from the country of origin as evidence that the foodstuff to which it

relates was prepared in accordance with criteria satisfactory to the Minister of Agriculture, Fisheries and Food in this country.

Skimmed Milk with Non-Milk Fat (Amendment) Regulations, 1968

These regulations extend the list of products exempted from the labelling provisions already granted by the 1960 Regulations to certain products containing non-milk fat.

Fish and Meat Spreadable Products Regulations, 1968

Specified requirements for the description, composition and labelling of meat pastes and fish pastes are given in these regulations which replace Food Standards Orders 1951 in respect of the foods mentioned. The Regulations do not come into force until 1971.

Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968

The intention of these Regulations is to give lifts in offices, shops and railway premises the same safeguards as are provided for lifts in factories by imposing requirements as to construction, maintenance and examination.

Offices, Shops and Railway Premises (Hoists and Lifts) Reports Order, 1968

This Order does not come into operation until 28th May, 1969. It prescribes the form of the report required to be made of every thorough examination of a hoist or lift made in pursuance of the "Hoists and Lifts" Regulations.

Offices, Shops and Railway Premises Act, 1963 (Exemption No. 5) Order, 1968

This Order exempts from the overcrowding provisions of the Act switchrooms where the switching apparatus is manually operated and situated in public telephone exchanges over which the Postmaster General has control. The exemption ends in 1970.

Offices, Shops and Railway Premises Act, 1963 (Exemption No. 6) Order, 1968

The exemptions granted by the No. 4 Order which came to an end in 1968 are extended for a further two years until 1970. The

exemption applies to railway signal boxes which were constructed before 1st August, 1964 and which are more than 200 yards from a piped water supply from the requirement of Section 10 of the Act that water supplied for washing shall be running water. Exemption is given also to railway signal boxes where there is a piped supply within 200 yards but where no effective means of heating running water is available.

Offices, Shops and Railway Premises Act, 1963 (Exemption No. 7) Order, 1968

This Order continues without limit of time the exemption granted by the No. 3 Order which was to have come to an end in 1969. The Order exempted certain small buildings and structures used for retail sales situated in public open spaces or on beaches from the requirements of Section 9 of the Act as to the provision of sanitary conveniences for employed persons. The exemption is granted subject to conditions requiring that suitable public or other sanitary conveniences shall be available for use by persons employed to work in the exempted premises.

SUMMARY OF LEGAL PROCEEDINGS

Case No.	Contravention of	No. of offences proved	Fines Imposed and Orders Made	Costs Ordered to be paid
1	Public Health Act, 1936, Sec. 45 ..	1	£3	
	Public Health Act, 1936, Sec. 43 ..	1	Nuisance Order 28 days	
2	Public Health Act, 1936, Sec. 39 ..	1	£3	
	Public Health Act, 1936, Sec. 93 ..	1	£3	
			Nuisance Order 28 days	
3	Housing Act, 1961, Sec. 15	1	£10	£5 5 0
4	Food and Drugs Act, 1955, Sec. 2 ..	1	£20	£4 4 0
5	Food and Drugs Act, 1955, Sec. 8 ..	1	£20	£4 4 0
6	Food Hygiene (General) Regulations 1960 (22 Informations)	1	£200	£6 6 0
7	Food Hygiene (General) Regulations, 1960	3	£15	£4 4 0
8	Housing Act, 1961, Sec. 15	1	£5	
9	Public Health Act, 1936, Sec. 94 ..	1	Nuisance Order 56 days	

SUMMARY OF LEGAL PROCEEDINGS—*continued*

Case No.	Contravention of	No. of offences proved	Fines Imposed and Orders Made	Costs Ordered to be paid
10	Housing Act, 1961, Sec. 19	1	£10	
11	Public Health Act, 1936, Sec. 95 ..	1	£2	4 0
			Nuisance Order	
			28 days	
12	Public Health Act, 1936, Sec. 93 ..	1	Nuisance Order	
			28 days	4 0
13	Food Hygiene (General) Regulations, 1960	4	£20	£4 4 0
14	Newcastle upon Tyne Corporation Act 1936, Sec. 10	1	Nuisance Order	4 0
			56 days	
15	Public Health Act, 1936, Sec. 45 ..	1	£1	
	Public Health Act, 1936, Sec. 94 ..			
16	Public Health Act, 1936, Sec. 94 ..	1	Nuisance Order	4 0
			28 days	
17	Housing Act, 1961, Sec. 19	1	£5	
18	Public Health Act, 1936, Sec. 93 ..			4 0
19	Food Hygiene (General) Regulations, 1960	1	£2	
20	Caravan Sites and Development Control Act, 1960	1	£10	
21	Housing Act, 1961, Sec. 19	1	£10	
22	Food and Drugs Act, 1955, Sec. 2 ..	1	£10	£4 4 0
23	Housing Act, 1961, Sec. 19		Case dismissed	
24	Newcastle upon Tyne Corporation Act, 935		Case adjourned Sine Die	
25	Food and Drugs Act, 1955, Sec. 2 ..	1	£10	£5 5 0
26	Food and Drugs Act, 1955, Sec. 2 ..	1	£15	£5 5 0
27	Food and Drugs Act, 1955, Sec. 2 ..	1	£25	£4 4 0
28	Public Health Act, 1936, Sec. 39 ..	1	£5	
	Public Health Act, 1936, Sec. 45 ..			
	Public Health Act, 1936, Sec. 93 ..		Nuisance Order	
			28 days	
29	Food and Drugs Act, 1955, Sec. 2 ..	1	£25	£5 5 0
30	Food and Drugs Act, 1955, Sec. 2 ..	1	£25	£5 5 0
31	Food and Drugs Act, 1955, Sec. 2 ..	1	£10	£10 10 0
				£2 15 0
				(witness)
32	Food and Drugs Act, 1955, Sec. 2 ..	1	£15	£4 4 0
33	Food ad Drugs Act, 1955, Sec. 2 ..	1	£15	£4 4 0
34	Food and Drugs Act, 1955, Sec. 2 ..	1	£15	£4 4 0
35	Food and Drugs Act, 1955, Sec. 2 ..	1	£10	£4 4 0
36	Public Health Act, 1936, Sec. 75 ..	1	£1	
37	Clean Air Act, 1956, Sec. 1	1	£25	£5 5 0

SUMMARY OF LEGAL PROCEEDINGS—*continued*

Case No.	Contravention of	No. of offences proved	Fines Imposed and Orders Made	Costs Ordered to be paid
38	Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966	2	£5	£4 4 0
39	Food and Drugs Act, 1955, Sec. 8 ..	2	£35	£4 4 0
40	Newcastle upon Tyne Corporation Act, 1935, Sec. 10	1	Withdrawn as conveyance to Corporation agreed and completed	
41	Food and Drugs Act, 1955, Sec. 2 ..	1	£25	£5 4 0
	Food Hygiene (General) Regulations 1960 (6 Informations)	6	£115	£5 5 0
	Food and Drugs Act, 1955, Sec. 14	1	Disqualified from using 2nd Floor Kitchen 4 Months	
42	Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966	6	£30	£4 4 0
43	Housing Act, 1961, Sec. 19	2	£10	£5 5 0
44	Food and Drugs Act, 1955, Sec. 2 ..	1	£25	£5 5 0
45	Food and Drugs Act, 1955, Sec. 2 ..	1	£20	£5 5 0
46	Housing Act, 1961, Sec. 19	1	£5	£2 0 0 (witness) £5 5 0
47	Food and Drugs Act, 1955, Sec. 8 ..	1	£20	£5 5 0
48	Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966 (7 Informations)	6	£14	£4 4 0
49	Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966 (4 Informations)	3	£15	£4 4 0
50	Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966 (7 Informations)	7	£30	£4 4 0
51	Newcastle upon Tyne Corporation Act, 1935, Sec. 10	2	Withdrawn at Hearing	8 0
52	Public Health Act, 1936, Sec. 45 ..	1	£5	£3 3 0
53	Food and Drugs Act, 1955, Secs. 4 and 7	1	£10	£5 5 0
	The Preservatives in Food Regulations, 1962			
54	Public Health Act, 1936, Sec. 39 ..		Case Dismissed	
	Public Health Act, 1936, Sec. 93 ..			
55	Housing Act, 1961, Sec. 15	1	£20	
	Public Health Act, 1936, Sec. 39 ..	1	£1	
	Public Health Act, 1936, Sec. 45 ..	1	£2	
	Public Health Act, 1936, Sec. 94 ..	1	Nuisance Order 28 days	

SUMMARY OF LEGAL PROCEEDINGS—*Continued*

Case No.	Contravention of	No. of offences proved	Fines Imposed and Orders Made	Costs Ordered to be paid
56	Public Health Act, 1936, Sec. 94 ..		Case withdrawn at hearing	4 0
57	Public Health Act, 1936, Sec. 39 ..	1	£3	—
	Public Health Act, 1936, Sec. 94 ..	—	—	—
58	Food and Drugs Act, 1955, Sec. 2 ..	1	£30	£4 4 0
59	Food and Drugs Act, 1955, Sec. 2 ..	1	£20	£4 4 0
				(Analyst Fee)
				£4 14 0
60	Food and Drugs Act, 1955, Sec. 2 ..		<i>Plea: Company Not Guilty—Summons issued against Manageress who was given absolute discharge</i>	
61	Food and Drugs Act, 1955, Sec. 2 ..	1	£2	£4 4 0
				(Analyst Fee)
				£4 14 0
62	Appeal against Statutory Notice under Sec. 75 of the Public Health Act, 1936		Order made for owner to provide dustbin	7 6
				(witness (ex-penses))
63	Appeal against Statutory Notice under Sec. 75 of the Public Health Act, 1936		Order made for owner to provide dustbin	£3 2 6
				(witness (ex-penses))
64	Appeal against Statutory Notice served under Sec. 15 of the Housing Act, 1961		Appeal allowed	

Hairdressing Establishments

There were 39 new applications for the registration of hairdressers' premises approved during 1968, and 68 premises ceased to operate as hairdressers, bringing the total of registered premises at the end of the year to 251. There were 547 inspections made of hairdressing establishments during the year.

Rag Flock and Other Filling Materials Act, 1951

At the end of the year the number of licensed and registered premises in the city was as follows:—

Registered premises at the end of the year	..	20
Licensed premises at the end of the year	..	3
No. of inspections	.. .. .	36
Samples taken	.. .. .	12

With the exception of one sample of cotton felt the above 12 samples were found to satisfy the standards of cleanliness prescribed by the Rag Flock and Other Filling Materials Regulations, 1961. The unsatisfactory sample of cotton felt contained 8% trash content whereas the maximum permissible impurities is 7.5%. The origin of the offending consignment was traced to a small town in Lancashire where the necessary information was forwarded for action by the Health Authority of that district.

Samples taken during the past year comprised the following.

SAMPLES TAKEN

New Cotton Felt	..	..	..	..	..	2
Black Wool Felt	..	..	..	..	..	1
Teased Black Algerian Fibre			..	..	..	1
Washed Flock	..	..	..	..	..	1
Layered Flock	..	..	..	..	..	2
White Cotton Felt	..	..	..	..	..	2
Wool Felt	..	..	..	..	..	1
Hair/Fibre Mixture	..	..	..	..	..	1
Layered Felt described as Black Felt				..	..	1
Total	..	..				12

Pharmacy and Poisons

During the year two new registrations were approved, and in one instance the seller ceased to sell Part II poisons. At the close of the year Part II of the Poisons list comprised the following sellers:—

General Dealers	..	..	..	..	103
Hairdressers	..	..	..	..	6
Druggists	..	..	..	..	6
Hardwaremen	..	..	..	..	8
Seedsman etc.	..	..	..	..	7
Chemical and disinfectant manufacturers				..	3
Ironmongers	..	..	..	..	5
Motor Factors	..	..	..	..	1
Total	..	..			139
New registrations	..	..	..	..	2
Ceased to sell Part II poisons			..	..	1

Pet Animals Act, 1951

During the year 19 licences were granted to persons keeping pet shops in the city and a total of 49 inspections were carried out.

Conditions on the whole were found to be satisfactory and any deficiency or contravention was immediately rectified at the verbal request of the inspector.

Staff Appointments

Of the three public health inspectors taking up duties during the year two were from within the department and the other one from an adjoining district. Messrs. J. Spears and J. Little were appointed after passing the Final Diploma Examination and the incoming officer was Mr. D. G. Jones who had originally served in Newcastle but who since qualifying had been with the Gosforth and Newburn U.D's. The two vacancies for pupils created by the promotion of Messrs. Little and Spears were filled by Messrs. C. I. Hawthorne and L. Kelly who commenced duties in September. Mr. L. B. Young commenced on the district inspection staff as a Technical Assistant and Mr. C. Bell commenced duties as a Technical Assistant (Housing) during the year. Mr. J. D. Nichol also commenced duties in October as a rodent operator.

In the clerical section the many vacancies created by resignations were filled by Mesdames B. Seckington, E. Chandler, K. Scott and Mrs. J. Birbeck.

Staff Resignations

Possibly the greatest single loss to the department during the year was the departure of Mr. F. W. Mandle, Senior Public Health Inspector (Admin) who, after five years of outstanding service, left to take up the post of Deputy Chief Public Health Inspector with the County Borough of Brighton. The District Public Health Inspectors who left during the year comprised Messrs. F. W. Dixon, who went to Newburn U.D., J. Anderson who returned to take up duties with the Tyne Port Health Authority; D. Britten who took up a similar post at Tunbridge Wells and I. H. Joice who was appointed as a District Inspector in the South Shields C.B. Technical Assistants who resigned during the year included Messrs. I. Dunbar who left to take up a position in industry; W. Laidler who transferred to the Housing Department; R. Andrucci who left to take up a teaching

appointment. In the Pest Control Section a rodent operator, Mr. J. Brady, resigned to take up a similar position in Wallsend. Clerical staff resigning during the year comprised Mesdames I. Todd, R. Hogben and L. Adams.

Retirements

In August 1968 Mr. Charles W. Sandilands retired from the service of the Corporation and relinquished his post as a District Public Health Inspector after 32 years of meritorious service. During his long service in the department this officer had been engaged in every section, although during the last 20 years he served on districts. Mr. Sandilands had seen very active service in the Royal Navy during the second world war and sustained severe and multiple injuries when the destroyer H.M.S. Holstead on which he was serving as a Lieutenant Engineer was sunk. The good wishes of the Health and Social Services Committee were expressed to Mr. Sandilands on the day of his retirement when the Chairman presented to him a transistor radio set.

Special Leave

In September Mr. R. G. Puffitt, Divisional Public Health Inspector (Housing and Smoke Control) was granted leave of absence without pay to enable him to attend Kent University where he intends to take his M.A. degree in Local Government before he returns to resume his duties on the 1st October, 1969.

Conclusion

Having introduced this report on a somewhat sombre, if realistic note, it is all the more pleasing to acknowledge the friendly assistance received from so many quarters during 1968. The loyalty and hard work of the clerical and inspectorial staff is, perhaps regrettably, so often taken for granted and it is therefore important that special thanks should be offered through the medium of an annual report.

The help so freely made available by the many officers of other departments, without which the daily task would indeed be weary, is readily acknowledged, and to all members of the Council and particularly to members of the Health and Social Services and the Housing Committees, some of whom I am privileged to regard as friends, I am most grateful.

To the Medical Officer of Health I am particularly indebted. The smooth and helpful collaboration of a Medical Officer in matters of mutual concern is a most important factor in the successful administration of the public health inspection services and I assert, with the confidence born of a fairly wide experience, that in no other local authority has the effectiveness of such friendly support been greater than in Newcastle upon Tyne during the past thirteen years.

L. MAIR,
Chief Public Health Inspector.

APPENDIX I

WORK OF THE NEWCASTLE EXECUTIVE COUNCIL

It is the statutory duty of the Executive Council under Part IV of the National Health Service Act, 1946 (as amended) to:

- (a) make arrangements with medical practitioners for the provision of personal medical services (including maternity medical services) for all persons in Newcastle who wish to take advantage of the arrangements—these services are known as ‘general medical services’.
- (b) make arrangements for the supply of sufficient drugs and medicines and prescribed appliances necessary for the treatment of all persons who are receiving general medical services and for the supply of prescribed drugs and medicines necessary for the treatment of persons who are receiving general dental services—these services are known as the ‘general pharmaceutical services’.
- (c) make arrangements with dental practitioners under which any person may, when required, receive dental treatment and appliances—these services are known as ‘general dental services’ and
- (d) make arrangements with ophthalmic medical practitioners and ophthalmic and dispensing opticians for the testing of sight of all persons requiring such a test and for the supply of glasses thereafter found to be necessary up to 31st March 1969—these services were known as the ‘supplementary ophthalmic services’ but from 1st April following the coming into operation of the relevant section of the Health Services and Public Health Act 1968, are henceforth known as ‘the general ophthalmic services’.

On 1st January 1969, there were 201 doctors (113 practising mainly within the City) on the Medical List. The total number of patients at that date on doctors’ lists was 252,020, a figure which is in excess of the population of Newcastle based on the Registrar General’s estimate. This apparent inflation of doctors’ lists is probably due, at least in part, to the rehousing programme—persons on removing outside the City boundaries not having selected a new doctor or secured acceptance on their doctor’s Northumberland list of patients.

1,749,563 prescriptions were dispensed during the year by City chemists and appliance contractors of which at 31st March 1969, there were 84. The total cost of these prescriptions to the National Health Service after deduction of patients charges introduced on 10th June 1968, was £1,020,342.

During the year, 2,405 claims were submitted by doctors for maternity services rendered to their patients. The gross fees paid for these services amounted to £23,102. The Medical Officer of Health is a member of the Local Obstetric Committee.

At the 31st March 1969, there were 64 principal practitioners providing general dental services in the City. 83,951 courses of treatment were given during the year 1st April 1968 to 31st March 1969, as compared with 88,269 the previous year.

Under the supplementary ophthalmic service, 52,207 sight tests were given during the year, 1,063 to children under arrangements made with the Local Authority. 42,087 persons were supplied with glasses during this period. Approximately 40.4% of the applicants for glasses resided outside the City boundaries.

The total expenditure on the various services administered by the Council during the year ended 31st March 1969 was as follows:—

	£
General Medical Services	628,926
Pharmaceutical Services	1,021,409
General Dental Services	270,987
Supplementary Ophthalmic Services ..	112,881
Administration	31,951
	£2,066,154

Based on the Registrar General's estimate of population at 30th June 1968, this represents an expenditure of £8. 8s. 9d., per head but it should be remembered, particularly of the general dental services and the supplementary ophthalmic services, that residents in surrounding areas come into the City and take advantage of the facilities available.

The following members of the Local Authority served on the Executive Council during the period 1st April 1968 to 31st March 1969 viz. Coun. B. Abrahams, Coun. Mrs. R. McVain, Dr. R. C. M. Pearson, Ald. Dr. H. Russell, Ald. Dame Catherine C. Scott, D.B.E., J.P., Coun. Mrs. A. L. Storey, M.B.E., Coun. Mrs. A. I. Telford, and Ald. Dr. M. Thompson.

APPENDIX II

VOLUNTARY ORGANISATIONS

Each year I include a number of outlines of Voluntary Organisations working alongside the staff of the Health and Social Services Department. This year it is the turn of the Telephone Samaritans and the Salvation Army Women's Social Services and I am most grateful to Mr. R. I. Shuttliweorth and Brigadier Margaret A. Todd for the following reports.

THE SAMARITANS OF TYNESIDE

AIMS:

The work of the Samaritans is to give assistance to men and women of Tyneside and surrounding areas who are in despair or contemplating suicide. With the assistance of a widely publicised telephone number, manned at the moment between 2.00 p.m. and 7.00 a.m., the Samaritans hope to enable the despairing to receive immediate help, compassion and friendship.

CLIENTS:

The branch was opened in April 1965 and the work has continued to increase to a total of 2,440 clients ringing since the opening, there being 720 in 1968. Emotional difficulties which may or may not be linked with matrimonial and family problems are the largest group of clients. Slightly less than 10% of the clients may be considered seriously suicidal. Slightly more men than women ring for help, 74% are under 40, and 32% under 25. The service is very little used by the over 60's for whom it may not be so convenient.

The Samaritans come into contact with ex-prisoners, vagrants, psychopaths, alcoholics and homosexuals, all of whose problems presents grave difficulties. However, Samaritans hope to make some contribution in emergency.

THE SERVICE:

A distressed person ringing the centre in the middle of Newcastle will be encouraged to talk by a carefully selected and trained volunteer. By careful listening and by accepting the person as he is we try to help through the immediate period of stress, and bring the client to a reasonable course of action which he determines. This may be done over the telephone, in face-to-face interviews at the centre, or by a meeting in some other suitable place. The very act of ringing for help is one step along the road to recovery.

This non-directive therapy is common to many services but there are three distinctive characteristics of this service:

- (i) Availability—the aim is a 24 hour availability, day in and day out. Immediate help can be given over the phone and, if the situation demands, members are available in a 'flying squad' who can go out to a person in need.
- (ii) Client-centered—perfect freedom of action is ensured, there are no ties, no forms to fill in and he will not be forced or coerced into doing what he does not wish. He will not be betrayed in any confidence nor will any attempt be made at conversion. He can come and go as he wishes and there will be no 'follow-up' unless asked for.
- (iii) Anonymity—if the client wishes he need not be seen, or give his name or any other personal details—he may just wish to talk.

There is a large network of voluntary and statutory social services all helping people in need, and the Samaritans fit in as an emergency service. If the need is for a specialist agency then the client is given help in contacting it; if it is not clear what is required contact is kept until the situation clears, seeking such professional advice from consultants as is or may be required.

THE SALVATION ARMY WOMEN'S SOCIAL SERVICES

Hopedene—Home for Unmarried Mothers and Babies.

This was established over 50 years ago in the City, situated first in Jesmond and, for the last nearly 20 years, on the present site.

We help, on an average, over 100 girls and women a year, with quite a large percentage of local girls. Girls are admitted when application is made if necessary, and all ante-natal care and confinements take place at Hopedene.

At the present time there is being built a complete new extension which will comprise a clinic, labour ward suite, kitchen and three wards with six beds, also a television room. A new dining room is being built for the girls. The present labour ward suite is to be altered into bathrooms and toilets, giving us many more modern amenities.

Our aim is rehabilitation of the girls concerned and, through the help of Newcastle Education Committee, have teaching here for those under school leaving age. We also have a dressmaking class with a teacher supplied from Further Education and a midwife gives the girls ante-natal teaching.

The girls are taught mothercraft and no-one leaves us unless we know they have somewhere to go. Most of the babies are adopted and we have a good liaison with adoption societies. I would thank those in the Children's Department at Newcastle who also give us a great deal of help, especially with an unadoptable baby. At times our work might seem a thankless task, but on the whole the majority of the girls do well and become good citizens.

I am indeed very grateful for the understanding given by the Medical Officer of Health and the Chief Nursing Officer who help tremendously when necessary. I am also grateful for the financial help we receive from the City.
North Ashfield—Hostel for Working Girls.

This is used frequently by the Children's Department, welfare workers, probation officers and the police. Again, this is not an ordinary hostel as many of the young people who come or are sent, are girls from broken homes, in trouble with Authorities. This all makes difficulties in dealing with them. We also try to help them by understanding some of the problems these young people have to face.

We try to help all, but at times we have to say 'no' to the alcoholic or drug addict, which I am sure you will understand.

APPENDIX III

OCCUPATIONAL HEALTH SERVICE

During 1968 the treatment side of this Service has increased, with 660 members of the Civic Centre staff attending for 3,000 treatments. Over one third of treatments were for colds, sore throats, influenza, etc., and many staff are able to remain at work because such treatment is available.

Pre-employment questionnaires numbered 3,403 and medical examinations 1,282 of which 838 were routine examinations of Corporation Transport employees, and other drivers. The number of employees referred for special examination as a result of sickness increased by more than 50%, and 696 special examinations were required.

TABLE I
PRE-EMPLOYMENT MEDICALS

	<i>Sick Pay</i>	<i>Superannuation</i>	<i>Total</i>
Questionnaires	2,805	598	2,403
Accepted without examination ..	1,640	481	2,121
Medical examinations:			
(a) Routine	817	21	838
(b) Selected	348	96	444
<i>Percentage Selected</i>	17	17	17
Fit for employment but unfit for superannuation and sick pay schemes	45	2	47
Unfit for employment	18	0	18

Sixty-five persons who required an x-ray or medical examination did not take up their appointments.

TABLE II
SPECIAL EXAMINATIONS

Number referred	485
Medical examinations (including 97 home visits)	696
Fit	252
Fit for light work	2
Retired on medical grounds ..	34
Resigned	18
Died	6

TABLE III
WORK OF MEDICAL CENTRE
(1967 figures in brackets)

Medical examinations:							
Sick pay and superannuation schemes	..	..	..	..	..	1,881	(2,003)
For other authorities	..	..	..	..	..	25	(28)
Children in Care	..	..	..	..	..	15	(65)
						<u>1,921</u>	<u>(2,096)</u>
Vaccinations and immunisations:							
Poliomyelitis boosters	..	..	..	..	..	68	(209)
Smallpox	..	..	..	..	..	72	(138)
T.A.B.	..	..	..	..	..	55	(39)
Other	..	..	..	..	..	44	(—)
						<u>239</u>	<u>(386)</u>
Treatments:							
Staff: Industrial Conditions (injuries)	..	..	..	..	..	345	(308)
Non-Industrial conditions	..	..	..	..	..	2,655	(1,432)
General public	..	..	..	..	..	45	(28)
						<u>3,045</u>	<u>(1,768)</u>

120 persons were seen by a doctor.

APPENDIX IV

MUSSEL POISONING

I am most grateful to the Editor of the 'Medical Officer' for allowing the following extract of the issue of the 8th November 1968 to be reproduced .

"MUSSEL POISONING" IN THE NORTH EAST:

THE NEWCASTLE HEALTH DEPARTMENT'S DIARY OF EVENTS

As a corollary to the account of the 1968 outbreak of mussel poisoning published in *The Lancet* of 5th October (McCollum, Pearson, Ingham, Wood, and Dewar, ii, 767-770) we publish below, through the kindness of Dr. Richard Pearson, MOH, Newcastle upon Tyne, his account of the course of events (over the Whitsun weekend) as seen from his department.

Having reached a clinical diagnosis of food poisoning arising from the recent consumption of mussels, the medical staff of the Royal Victoria Infirmary, Newcastle upon Tyne, recognizing the dangerous implications, the likelihood of further cases from the same source, and the vital need to control the supply, telephoned the Medical Officer of Health at 1.15 a.m. on Friday, 31st May, 1968.

Although only one case had been clinically diagnosed, the Medical Officer of Health decided that, as the supporting evidence from the library in the Poisons Centre at the Royal Victoria Infirmary was so convincing, the public must be warned not to consume mussels until further investigations had been made. Both the press and British Broadcasting Corporation maintain a local night

service and both were willing to assist immediately. It was already too late for the morning papers but the BBC included the following statement in their 7.10 a.m. local news:—

“A young Morpeth housewife was taken to hospital last night suffering from a rare illness after eating mussels, bought at a Newcastle shop. And I’ve been asked by the City’s Medical Officer of Health, Dr. Pearson, to give the following warning:

Anyone who bought mussels yesterday at the shop, a seafood shop in Percy Street, Newcastle, should on no account eat them, and should get in touch with Health Department at Newcastle 28520. And if you have eaten them, I should think it’s wise to contact the Health Department, or your own Doctor.

This morning, the young woman—whose name hasn’t been released—was said to be showing some signs of improvement in the illness, which has a long technical name but is commonly known as mussel poisoning.

She ate the mussels, which had been bought for her by her husband at the shop, at about tea-time, and shortly afterwards began showing symptoms of the illness—difficulty in walking, clumsiness, muscular weakness, and vomiting.

Well, fortunately, no other cases have been reported during the night.

A doctor at the Royal Victoria Infirmary, where the woman is detained, told us that the illness is so rare that he’s only heard of one other similar case in the North. Most reports of it have been in American medical journals. It appears it’s caused by something which gets into the mussels during the summer months, and it’s resistant to heat, so you can’t get rid of it by boiling.

Well, I’ll just repeat the warning I gave earlier—if you bought mussels at a sea-food shop in Percy Street, Newcastle, yesterday, don’t eat them, get in touch with the Newcastle Medical Officer of Health.”

The local press followed this up with a full statement in their early evening edition.

The Chairman of the Health and Social Services Committee, the Chief Public Health Inspector, and the County Medical Officer for Northumberland were informed immediately.

As a result, investigations at the shop in Newcastle upon Tyne from which the mussels had been purchased were started at 7.40 a.m. by the CPHI and his staff, the source of the consignment found and the county and district staff telephoned. Investigations at Holy Island started and the District Inspector of the Ministry of Agriculture, Fisheries and Food, who is in day to-day-contact with fishermen, immediately advised them to cease fishing and the despatch of mussels from the Holy Island-Budle Bay area.

By 8.30 a.m. general practitioners started to telephone in mild and more severe cases and to ask for advice. By agreement with the medical staff at the Royal Victoria Infirmary, GP’s were asked to refer all clinical cases to that hospital (45 were seen and only 10 found their way to other hospitals). Arrangements were made within the Royal Victoria Infirmary to accommodate those who required medical treatment. At the same time the Medical Officer of Health agreed to answer all press, etc., enquiries (apart from those regarding the condition of patients). A Principal Medical Officer took over recording and maintaining the minute-by-minute position while another PMO guided the enquiries throughout the City which the CPHI was directing, i.e. to bring to light all sources from which the public could purchase mussels (and later cockles) and to advise no further sale for the time being. General practitioners, shopkeepers, cafe proprietors and publicans were very co-operative and extremely helpful. No further sales took place.

By 11 a.m. it was clear that further cases could be expected, but, if control measures had been complete, all should have consumed mussels before midnight of May 30th/31st. Consequently a statement was given to the evening press and the MOH gave a brief radio interview. A press conference was called for 4.30 p.m. through the press agency and no more details were issued for the time

being. The Ministry of Health was informed and a brief discussion took place with Mr. P. C. Wood, Principal Scientific Officer, Ministry of Agriculture, Fisheries and Food at Burnham-on-Crouch, who indicated that he was getting in touch with the staff of the Public Health Laboratory Service in Newcastle upon Tyne to offer technical advice on toxicity testing and assistance of MAFF staff in the gathering of mussel samples to determine the level of mussel toxicity and its distribution. Laboratory work actually started on 31st May when a high level of toxicity was detected in the mussels causing the illness and in samples collected by the Area Medical Officers of Health and later by the District Inspector of Fisheries.

The Ministry of Agriculture, Fisheries and Food, recognizing that the toxin, being planktonic in origin, was likely to be distributed over an area much wider than the Holy Island-Budle Bay area, advised the County MOH to close the whole of the Northumberland coast. This major public health decision possibly prevented the occurrence of many additional cases and indicated the need for an immediate survey of a much wider area than originally planned.

The Medical Officer of Health of the City was interviewed on the BBC news at 1 p.m. and again at 3 p.m. also by Tyne Tees Television. He met press representatives at 4.30 p.m. supported by the Chairman of the Health and Social Services Committee, the PMOs and the CPHI. He gave an up-to-the-minute statement on the number of cases, their condition and symptomatology, the apparent cause of the outbreak, the area involved, and the steps so far taken to control supplies of mussels and cockles. He stressed that the local vendor was not at fault, that the trade was fully co-operative and were withholding further supplies at source, warned local pickers and bottlers (if any). He also answered various questions.

The press representatives elected one of their number as "a line of communication" and the MOH agreed to issue a twice daily bulletin over the Whit weekend. (The arrangement was very successful, very few pressmen made their own enquiries for general information either to the hospital or the MOH).

The BBC interviewed the MOH and a Marine Biologist from Durham University on the 6 p.m. television news, and so ended an eventful day.

Although no further cases came to light who had eaten mussels after 30th May, a very watchful eye was kept by PHIs on the Newcastle upon Tyne markets for the next three days, during which the press issued warnings and MOH of coastal areas, with their staffs, took steps to warn visitors, etc., not to pick mussels for home consumption. This by 4th June the immediate local danger seemed to be over and no further statements were made to the press. A brief note was telephoned to the editors of *The Lancet*, *The Medical Officer* and the *British Medical Journal* as a warning to other areas which might experience a similar type of shellfish toxicity.

The Clinical and laboratory findings have been published as a separate paper.

The link up between the medical officers of the Public Health Laboratory Service, the officers of the Ministry of Agriculture, Fisheries and Food, throughout the following weeks with the MOsH of both the coastal and inland areas from the Forth to the Humber was initiated from the Public Health Laboratory in Newcastle upon Tyne and was extremely close. It culminated in a meeting at the Laboratory on 14th June from which the following joint statement was issued:—

"The natural poison found recently on the north-east coast in cockles, mussels, scallops and quenns, only affects these varieties, and according to tests is confined to the area from the Firth of Forth to the Humber. Scientists continue to investigate the level of poison which is showing signs of decreasing; but it is still unsafe to eat cockles and mussels gathered from the sea shore. Tests which have been made on whitefish, crabs, lobsters and winkles within the area have shown them to be safe. Imported varieties, including mussels, are not affected.

Scientists of the Ministry of Agriculture, Fisheries and Food and the Public Health Laboratory Service continued to make routine checks on the levels of toxicity in shellfish from the north-east coast and the results were made available to MOsH as they were obtained.

Appreciation

Whilst the immediate responsibility for clinical care and control fell on the medical staff of the Royal Victoria Infirmary (except for the few already mentioned) and the Newcastle upon Tyne Health and Social Services Department, further investigation, contact with the trade, and local control measures were carried out by the staff of the Public Health Laboratory Service and the Ministry of Agriculture, Fisheries and Food, as well as MOsH from the Forth to the Humber (not only in coastal areas).

The response from the staffs of Health Departments in Northumberland and Durham to requests for information and action on 31st May was magnificent and was just one more indication that the public health service has still a most important role to play and can rise to any height to achieve it.

The author's appreciation and thanks are acknowledged to the following for the part they all played in an unusual incident:—

Royal Victoria Infirmary—Dr. H. A. Dewar, Dr. J. P. K. McCollum.

Health and Social Services Department, Newcastle upon Tyne—Dr. D. L. Wilson, PMO, Dr. W. B. Shaw, PMO, Messrs. L. Mair, CPHI, A. P. Robinson, Dep. CPHI, and D. Jones, Sen. PHI.

Northumberland—Dr. J. B. Tilley, CMOH, Dr. K. Dick, Area Exec. MO (Central Area), Dr. A. Donaldson, Area Exec. MO (East Area), Dr. I. G. P. Fraser, Area Exec. MO (North Area), Dr. A. W. Hay, Area Exec. MO (South-East Area).

Durham—Dr. S. Ludkin, CMOH.

Gateshead—Dr. D. F. Henley, MOH.

Ministry of Agriculture, Fisheries and Food—P. C. Wood Esq. Principal Scientific Officer, Fisheries Laboratory, Burnham-on-Crouch, A. Liddicoat, Esq., District Inspector of Fisheries, North Shields, A. W. Lough, Esq., District Inspector of Fisheries, Hull, J. K. Lindop, Esq., District Inspector of Fisheries, Grimsby.

Public Health Laboratory Service—Dr. J. H. Hale, Director Dr. J. B. Selkon, Consultant, Bacteriologist, and Dr. H. R. Ingham, Senior Bacteriologist. Members of the Press, BBC and TTT (especially T. Little, Esq., of the *Northern Echo*) and their administrative and secretarial staffs.

APPENDIX V

REPORTS TO HEALTH AND SOCIAL SERVICES COMMITTEE

Each month during the year reports on various subjects have been submitted to the Health and Social Services Committee. Some of these reports are given in full on the following pages.

HOME HELP SERVICE

JANUARY

1. *Present Organisation.* The Home Help Organiser is responsible for the working of the Home Help Service to the Principal Social Worker. She has been assisted by three area organisers each associated with a visitor and respon-

sible for the organisation and supervision of the home helps in the east, west and central areas of the City. An additional organiser and another visitor have now been appointed as agreed by the Establishment Working Group in order to improve the supervision of the service. Supervisory visits have normally been made to each household at approximately six week intervals and each home help who looks after approximately five households has been getting a visit each ten weeks. The need to use services economically and deploy them in a fair and equitable manner is particularly important in the home help service. To this end the increased supervision now available must be used efficiently.

2. *Re-organisation.* For each new case it is essential to assess the amount of home help time required in relation to the degree of handicap present and continual reassessment is required as rehabilitation or deterioration takes place. The practice has been to provide a wide variation of hours which complicates the deployment of the home helps. The reorganisation will divide the City into four areas similar to those in which the social work team operate. In addition it is now appropriate to look afresh at the assessment and reassessment of cases.

3. *Use of categories.* The use of clearly defined categories would simplify the amount of time provided to different cases, promote uniformity of practice in different areas and simplify reassessment. The following categories are proposed:—

Category A

<i>Type of Person</i>	<i>Duties of home help</i>	<i>Suggested No. of home help hours</i>
People whose physical mobility is affected through advancing years, chronic diseases such as arthritis, rheumatism, heart diseases, etc. or more acute post operative conditions, or a combination of the above plus a mental deterioration	Assistance with heavy work e.g. washing floors, heavy lifting, cleaning windows.	2 hrs. per week
It is supposed that people within this category will be able to do most tasks in the household except the heaviest duties		

Category B

Persons with further deterioration either mental or physical than those in Category A.	Assistance with heavy work as in 'A' plus possibly shopping, collecting pensions (especially in the winter months) washing etc.	3 hrs. per week
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Category C

People with greater disability than those in Category B, e.g. further mental deterioration or depression, either from physical or emotional causes, greatly reducing physical activity.	Most of house-work apart from light household tasks such as dusting. In addition, some personal attention that does	4-6 hrs. per week
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<i>Type of Person</i>	<i>Duties of home help</i>	<i>Suggested No. of home help hours</i>
	not require a district nurse or bath orderly Also mobilise other resources in the community, interpret correspondence.	
<i>Category D</i>		
People who are severely disabled or bedfast, sometimes coupled with social isolation or who are fairly deteriorated mentally, affecting their mobility or affecting their social functioning	Assistance would be required with all tasks in A, B and C but in addition there may be preparation of meals and lighting of fires, in fact all tasks other than those carried out by district nurse, health visitor, social worker, etc. which would allow a person in this category to live in the community.	8-10 hrs. per week

Flexibility should be the keynote of these categories. For example a person in any of the categories might have a neighbour or a relative willing to perform certain duties and for the purposes of allocation the category in which they were placed when a home help went in does not necessarily have to be rigidly adhered to. The present position as to the number of hours provided is tabulated below:—

<i>No. of home help hours per week</i>	<i>No. of people receiving help</i>
2 hours	374 (Category A)
4 hours	1,098 (Category B)
6 hours	784 (Category C)
8-10 hours	204 (Category D)

4. *Action to be taken*

Reassessment of those receiving help is essential and those appearing to fall into Category 'B' would be the priority in view of the large numbers involved. Information on these people available in the department would be collated and reassessment visits made as indicated. Following that, reassessment of persons falling into the other categories would be undertaken.

The appropriate steps would appear to be:—

- (a) obtain consent of working party to this procedure
- (b) outline the changes proposed to representatives of the Union
- (v) meet and discuss with the home helps the proposals for reassessing their cases.
- (d) proceed to survey the cases and make immediate adjustments
- (e) arrange with reference to social workers, health visitors etc., the co-ordination of the Home Help Service with other services provided, including the help of relatives and neighbours.
- (f) simplification of the records in use.

HOME HELP ASSESSMENT

JULY

1. *Introduction*

A report on the organisation of the Home Help Service was presented to a Home Help Service Working Group in January 1968, proposing the use of four clearly defined categories to simplify the assessment of the time provided for different cases and to promote uniformity of practice in different areas.

<i>Category A</i>	Persons requiring two hours help a week for assistance with heavy work only, being fit to do other household tasks.
<i>Category B</i>	Persons requiring three hours a week for assistance with heavy work plus possibly shopping, washing, etc.
<i>Category C</i>	Persons requiring 4–6 hours a week for most of the housework except light tasks, such as dusting.
<i>Category D</i>	Persons requiring 8–10 hours a week for all housework, preparation of meals, lighting of fires, etc.

It was agreed that after surveying the cases and making adjustments a report be made to the Committee.

2. *Review of Patients*

All 2,483 cases who were receiving service were visited between February and May 1968. Before this review the hours received by them corresponded to the new categories as follows:—

2 hours equivalent to Category A	..	232 cases
3 hours equivalent to Category B	..	264 cases
4 hours equivalent to Category C	..	1,808 cases
Over 6 hours equivalent to Category D		179 cases

The detailed results of the review are shown in the table attached. 98 persons were assessed as requiring more service or a higher category and 667 persons were re-assessed as requiring less service or a lower category.

The final result of re-assessment was as follows:—

Category A	..	..	..	488
Category B	..	..	..	848
Category C	..	..	..	976
Category D	..	..	..	171

The final effect of the review is the reduction of 853 hours or 7% of the total hours, the average number of hours per case falling from 5 to 4.6.

3. *Action following review*

In view of the reduction in hours required, Home Helps leaving are not being replaced. This allows the service to run down at an average of ten Home Helps a month equivalent to 200 hours in the week. Secondly the waiting list has been reduced from between 15–25 cases down to nil.

RESULTS OF REVIEW OF HOME HELP PATIENTS

Original Category			Un- ch'd	Increases (final category)				Reductions (final category)				
				B	C	D	Tot	A	B	C	D	Tot
A	Patients .. ..	.. ..	204	25	3	—	28	—	—	—	—	—
				29	6	—	35	—	—	—	—	—
B	Patients .. ..	.. ..	216	—	10	—	10	38	—	—	—	38
				—	14	—	14	42	—	—	—	42
C	Patients .. ..	.. ..	1,160	—	47	13	60	118	315	155	—	588
				—	86	34	120	247	352	286	—	885
D	Patients .. ..	.. ..	138	—	—	—	—	—	—	17	24	41
				—	—	—	—	—	—	57½	37½	95
Patients			1,718				98					667
hours							169					1,022

DOMICILIARY MIDWIFERY SERVICE

MAY

Since the introduction of the National Health Service Act in July 1948, which made the Local Health Authority responsible for the provision of qualified midwives to care for all expectant and nursing mothers having babies at home, certain changes in domiciliary midwifery have been taken place.

These changes have been mainly:—

- (a) increasing provision for women to go into hospital for delivery,
- (b) an increasing tendency for Local Authority, General Practitioner and Hospital services to co-ordinate their functions.

The service provided by domiciliary midwives may conveniently be divided into the following sections:—

1. *Ante Natal Care*

The great majority of pregnant women in Newcastle upon Tyne have adequate ante-natal care, which consists of regular blood investigations for grouping, to assess the quality of the blood and to detect the presence of disease.

The pregnant woman has a physical examination for her general health, a chest x-ray and dental examination, in addition to the obstetric examinations to determine the progress of her pregnancy.

The aim of this ante-natal care is to ensure that when the patient reaches term she is in good physical health after a normal pregnancy, and that her confinement takes place in the environment suitable for her particular needs. Pregnancy and labour have never been safer, and of course, this should continue.

Domiciliary Booked Cases

These women are seen by the midwife and the general practitioner obstetrician at arranged sessions on Local Authority premises or in the doctor's surgery. The midwife makes domiciliary visits when required and will also follow up any woman who does not attend the clinic.

There are now 71 sessions held monthly in Local Authority clinics where general practitioners and midwives attend, and approximately 22 sessions

monthly when the midwives and health visitors themselves hold clinics. There are also 40 sessions monthly where the midwife and general practitioner do ante-natal clinics in the general practitioner's surgery. These clinics are especially valuable for a programme of Health Education and Relaxation Classes, as whilst the medical and nursing care are associated with pregnancy and important it is very necessary that the mother should be helped by explanation and education.

Hospital Booked Cases

An increasing number of patients are referred back to the general practitioner obstetrician for ante-natal care, returning to the hospital two or three times for a check up. They are seen by the doctor and midwife together at a clinic session, or in the home if necessary. The midwife will also follow up defaulters from the hospital ante-natal clinics. Selected cases are booked for a stay of about 48 hours, and the midwife visits these patients during the pregnancy to give advice on the preparations for home-coming, and also informs the hospital of the suitability of the social conditions.

Present Position

Whilst the majority of women do receive adequate ante-natal care in one of the ways outlined, over the past three months it has been noted that an increasing number of women are coming forward at a later stage in pregnancy to make arrangements for their delivery, and there is a further group who are not following the arrangements made by the maternity hospitals to receive ante-natal care by their general practitioner and midwife.

The following table gives an indication of the present position.

During the three months January 1st to March 31st 1968 125 women had domiciliary confinements, and the times of booking were:—

8	or approx. 7%	booked a midwife when 2 months pregnant
19	or approx. 15%	booked a midwife when 3 months pregnant
23	or approx. 18%	booked a midwife when 4 months pregnant
14	or approx. 11%	booked a midwife when 5 months pregnant
24	or approx. 19%	booked a midwife when 6 months pregnant
18	or approx. 14%	booked a midwife when 7 months pregnant
7	or approx. 6%	booked a midwife when 8 months pregnant
12*	or approx. 10%	were at term.

125

*of these 12, six were hospital bookings, the other six had no ante-natal care. The date of booking coincided with the first ante-natal visit, in other words, almost half the women had no ante-natal care before the 28th week of pregnancy.

It is difficult to be sure why women are not co-operating in the recommended manner but it may be a reflection of the increased availability of hospital beds for delivery. In the past when the demand exceeded the supply, women realised the importance of both booking early and regularly attending for ante-natal care—if they did not attend their bookings could be cancelled. If this tendency noted above continues the standard of ante-natal care will be reduced and will result in the making of insufficient preparations, B.B.A.'s at home, and difficulties in getting a patient into hospital who should have a hospital delivery.

2. DELIVERY

In the fall of births over the past 10 years, however, there has been a relatively greater fall in domiciliary births. Initially this was accomplished by increasing the usage of hospital maternity beds by the policy of "early discharge". However, within the last three months more maternity beds have become avail-

able by extensions at the Newcastle General Hospital and Ashington Hospital (relieving beds in the Princess Mary Maternity Hospital for City mothers). In the immediate future there will be sufficient hospital beds available for all Newcastle women to be delivered in hospital. This will have important effects upon the role of the domiciliary midwife. In future the emphasis will be on ante-natal care and Health Education with maternity nursing patients discharged early from hospital, with only relatively few deliveries taking place in the patient's home. This will mean particularly close co-operation between Local Health Authorities and Hospital services, particularly to ensure adequate care for women who refuse to follow advice to go into hospital for delivery or who do not make adequate ante-natal arrangements.

SUMMARY OF MUNICIPAL MIDWIVES' WORK

Year	Number of ante- natal visits	Number of clinic visits	NUMBER OF BIRTHS				Number of Nursings
			Doctor not Booked		Doctor Booked		
			Doctor present at time of delivery	Doctor not present at time of delivery	Doctor* present at time of delivery	Doctor not present at time of delivery	
1967	12,215	4,219	3	14	102	539	40,937
1966	16,614	4,975	7	29	157	785	45,971
1965	21,826	4,515	1	26	217	884	50,836

*Either booked doctor or another

3. NURSING CARE AND POST NATAL CARE

Normally the midwife attends to the mother and baby for the first 10 days after delivery, before handing over to the health visitor. Both the domiciliary midwife and health visitor work very closely together over the care of the baby, as events taking place at the delivery and afterwards may have an effect upon the child's development, not apparent until a later date.

(a) Early discharges from Maternity Units

In 1967— 687 within 48 hours

543 discharged within 4 and 6 days

1,298 discharged within 7 and 10 days

156 discharged after 10 days.

(b) Premature Babies. Constant supervision is given to these very small babies by the premature infant baby nurse for as long as it may be necessary. Special equipment such as cots, etc., are provided when required.

The decrease in the number of premature infants born at home has followed the same pattern as for the remainder of births.

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
<i>Total Premature Births</i>	459	420	425	436	401	407	419	374	371	386	340
<i>Number Born in Hospital</i>	330	301	315	335	314	322	336	319	316	340	303
<i>Number Born at Home</i>	129	119	110	101	87	85	83	55	55	46	37

Premature Infants born at Home

Live births	..	..	..	30
Stillbirths	..	..	..	3
Total	..	..	..	33

Admitted to Hospital—18. Nursed at Home—12.

Of those nursed at home 12 survived.

Hospital discharges needing the care of the specialist premature infant midwives—191.

Premature Babies Nursed at Home

<i>WEIGHT</i>	<i>Total</i>	<i>Survived 28 days</i>	<i>Died</i>
Up to 2 lb. 3 ozs.	—	—	—
2 lb. 3 ozs. to 3 lb. 4 ozs.	—	—	—
3 lb. 4 ozs. to 4 lb. 6 ozs.	—	—	—
4 lb. 6 ozs. to 4 lb. 15 ozs.	1	1	—
4 lb. 15 ozs. to 5 lb. 8 ozs.	11	11	—
Totals	12	12	—

Home Helps

Maternity cases have priority in the home help service, but there has been a marked decline in the usage of home helps for maternity cases.

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
<i>Number of midwifery cases served by Home Helps</i> ..	249	218	186	159	130	130	91	91	64	54	44

This fall is probably due to several factors:—

Increasing Hospital Confinements
Earlier ambulation of the patient
More help by the husband.

Maternity Emergency Service

In the past year the service was called out 16 times at the request of the family doctor.

In four cases the patient was transferred to hospital.

4. STAFFING

During the past year nine midwives have resigned:—

3 Retired
4 Transferred to Hospital posts
2 went abroad.

At the 31st December 1967 the number of staff was:—

2 Administrative posts, 23 midwives, 21 of whom are aged 41 years and over. There has been no replacement of vacancies created by resignations.

5. STAFF TRAINING

(a) In-Service training

The midwifery staff hold regular meeting to which speakers are invited.

(b) In accordance with the Rules of the Central Midwives Board, seven midwives attended courses of instruction of seven days duration each in 1967.

(c) The Local Authority offers district training in midwifery, required by the Central Midwives Board. It is approved for 48 pupil midwives, in 4 x 3 monthly schools.

During 1967, 46 pupil midwives completed their training, 45 were successful in obtaining the Certificate of the Central Midwives Board.

During this three monthly period the pupil midwife normally undertakes 10 domiciliary confinements. This has become increasingly difficult due to the fall in the number of cases available.

During 1967 the Central Midwives Board proposed a new form of student midwifery training. This new scheme will eventually replace the existing arrangements, which are that a pupil midwife spends the initial period of her training in hospital, Part I, and then spends three months on the district as Part II of her training. The new scheme abolishes the division of Part I and Part II by a continuous period of one year's training, of which part is spent, midway through this period, in gaining experience outside the hospital. The emphasis in this new aspect of domiciliary training is more on learning about services relating to the care of mothers and children and less on the actual mechanics of delivery. Discussions are continuing to take place between officers of the Authority, the Central Midwives Board and the staff of the Newcastle General Hospital, and it is hoped that this new scheme will come into operation in 1969.

In this proposed scheme the student midwife can be accommodated by Newcastle General Hospital, and thus residential accommodation by the Authority will not be required. Domiciliary experience will be gained over a 12 week period when the student midwife will spend approximately 50% of her time working in ante-natal clinics, doing domiciliary nursing, visiting day nurseries, seeing the work of health visitors, child care departments, etc., and in this period be attached to a teaching midwife and attending three confinements, as compared to the present 10.

6. FUTURE TRENDS

(a) The total number of births have fallen. However, the fall in domiciliary births and corresponding increase in hospital confinements are much more marked than this overall decrease in the birth rate. So far as the Local Authority services are concerned, it is estimated that the fall in domiciliary births will continue, but what is not known exactly is the rate at which this decrease will take place. This is obviously of great importance in assessing the staffing requirements for domiciliary work. The position is under constant monthly review and no midwives have been appointed since 1st January 1965. Up to the present moment resignations and retirements of midwives have corresponded closely to the fall in work load. However, the position is rather complicated by the fact that although patients come into hospital for delivery, their ante-natal care and early discharge after hospital still requires staff available on the district. It may be that nursing after delivery does not require a fully trained midwife and could be done by nurses with paediatric and obstetric experience, working on a part-time basis.

(b) Increasing co-operation between the three branches of the National Health Service in the provision of a maternity service is likely and may eventually lead to the formation of a single maternity service.

The first step towards this increased co-operation is that the Local Authority midwife should accompany the patient into hospital and there actually carry out the delivery. The patient would then probably be discharged quickly to her home and the midwife would continue with post-natal care.

The Newcastle Corporation Act, 1964, gave powers for this to be done and discussions to this end as to the detailed arrangements are currently taking place.

(c) The problems of ensuring adequate ante-natal care to try and deal with women who either book late or do not follow regular ante-natal care could perhaps be assisted by further discussions with the general practitioners and maternity hospitals. It is suggested that:—

- (i) each maternity unit should be asked to inform the Local Authority of women who are to attend their general practitioner obstetricians for ante-natal care, then working closely with the general practitioner, women who fail to attend could be encouraged to do so,
- (ii) non-attenders at hospital ante-natal clinics, particularly "high risk" women, should be immediately notified to the Local Authority.,
- (iii) through the media of health education and press publicity the importance of adequate ante-natal care for all women should be stressed.

CONCLUSIONS

A detailed review of the arrangements for integrating hospital and domiciliary care should be undertaken.

MIDWIFERY SERVICES

FEBRUARY, 1969

Since 1906 this authority has been very fortunate in providing an extremely efficient domiciliary midwifery service under the guidance of several very able Non-Medical Supervisors of Midwives. Amongst many improvements and developments during this period have been the introduction of a domiciliary midwifery flying squad and the development of a domiciliary service for the care of premature infants.

However, over the past decade several new developments have taken place which have had and will continue to have profound effects upon the organisation and work load of a domiciliary midwifery service.

This trend can be outlined under the following five headings:—

1. There has been since 1958/59 a downward trend in the total number of births occurring within the City.
2. Over the same period there has been a fall in the number of women having their babies at home. The reasons for this have been a realisation that if maternal and infant mortality were to be further reduced, high risk mothers in particular should be encouraged to go into hospital for delivery.
3. In order to enable women to go into hospital when beds were short a policy of early discharge from hospitals was adopted.
4. Over the past few years there has been an increase in co-operation between hospital and general practitioner services in the care of both the pregnant woman and the woman soon after discharge.
5. Recently there has been an increase in the number of maternity beds available for Newcastle patients.

However, over the past year or more, the fall in the domiciliary work load—in particular domiciliary births—has exceeded in rate the reduction in the midwifery staff by retirements, etc. This tendency has thus required a very careful review of the present and projected situation. This review has taken place in the following manner:—

- (a) The situation has been discussed on several occasions over the past year or more with all members of the domiciliary midwifery staff and their full co-operation has been obtained in a very careful analysis of their work loads. This analysis has been carried out both on existing records and by each midwife for a fortnight in December 1968, keeping a total record of her work and the time taken on it.
- (b) Discussions have taken place with representatives of the Royal College of Midwives, the Regional Nursing Officer of the Department of Health and Social Security and the Midwifery Nursing Officer attached to the Department of Health and Social Security. The representative of the National Union of Public Employees has also been informed of the situation.

These discussions and analyses have taken into account not only the work done in connection with domiciliary births but allowance has had to be made for the care of patients discharged from hospital shortly after delivery, the amount of work entailed in the sharing of ante-natal care with hospital booked cases, the follow-up of patients in their homes who do not attend ante-natal clinics regularly and the increasing amount of work which domiciliary midwives are carrying out in the health education sphere. Account has also been taken of the number of midwives who are car users and those who do not drive cars.

The results of these surveys and enquiries indicate that on 1968 figures the domiciliary midwifery establishment should be 18 midwives. It has also been confirmed that this figure would be the required number if the birth rate and work load continues at the same level as in the period December 1968 to January 1969 (see Appendix). Following this analysis each domiciliary midwife has been interviewed individually by the Principal Medical Officer (Child Health) and the Chief Nursing Officer to discuss her individual wishes and plans, taking into account her domestic commitments and her professional qualifications.

It is of course desirable that this review should not have to be continually repeated if the domiciliary birth level continues to fall as the trend over the past few years would indicate, thus it is important to establish a principle of how staff can be reduced if necessary or alternatively rise again by the employment of part-time staff to carry out nursing rather than delivery of mothers and their children.

In assessing the future domiciliary requirements not only must the work load in 1969 be taken into account but also the requirements over the next five or ten years with regard to the age retirements which would normally occur.

The present number of midwives employed is 21 and the number of expected resignations is as follows:—

1969 1 midwife resigns (age 60) April 1969
 1969 1 midwife resigns (age 59) July 1969
 1970 No age retirements
 1971 3 age retirements
 1972 2 age retirements
 1973 2 age retirements

Thus by the end of July 1969 there will be 19 domiciliary midwives.

The possibility of an integrated midwifery service has been tentatively explored. One way of obtaining such integration would be if the Hospital Management Committee of Newcastle General Hospital was prepared to act as an agent and provide domiciliary services as outlined in Section 23, (para. 2) of the National Health Service Act, 1946. However, due to differing salary grades and working conditions it does not seem possible to introduce an integrated service at the present time.

RECOMMENDATIONS

1. The establishment of domiciliary midwives should be related to the changing needs of the service.
2. The Establishment Grading Working Group should be asked to invite the Chairman and Vice-Chairman of the Health and Social Services Committee to discuss the staffing of the domiciliary midwifery service.
3. The service should be reviewed quarterly until it appears to be stabilised.
4. Further exploration of the possible formation of a single, integrated midwifery service should be undertaken.

APPENDIX

MIDWIFERY SURVEY

The figure of 60 confinements or the equivalent in nursing duties, etc., is acceptable to the Department of Health and Social Security especially when working with a student midwife (normally 12 in training).

Normally the average number of visits paid by a midwife are two per day for the first three days after the delivery and thereafter one per day in the fourth to tenth day period, thus it is estimated that an early discharge is equivalent to half a domiciliary birth, a discharge between fourth and sixth day is equivalent to a quarter of the work for a domiciliary birth and a discharge after the seventh day is equivalent to an eighth of a domiciliary birth.

1968

Domiciliary Births	411	411 (34 per month)
Early Discharges (1–3 days)	$668 \times \frac{1}{2}$	334
Other Discharges (4–6 days)	$484 \times \frac{1}{4}$	121
Other Discharges (7 days+)	$1,485 \times \frac{1}{8}$	186
		1,052

Therefore at 60 births per annum number of midwives = 17.5.

October—December 1968

Domiciliary Births	87	87
Early Discharges (1-3 days)	$165 \times \frac{1}{2}$	83
Other Discharges (4-6 days)	$125 \times \frac{1}{4}$	31
Other Discharges (7 days+)	$438 \times \frac{1}{8}$	55
		256

In one year = $256 \times 4 = 1,024$.

Therefore at 60 births per annum number of midwives = 16.9.

1st—31st December 1968

Domiciliary Births	31	31
Early Discharges (1-3 days)	$64 \times \frac{1}{2}$	32
Other Discharges (4-6 days)	$53 \times \frac{1}{4}$	13
Other Discharges (7 days+)	$146 \times \frac{1}{8}$	18
		94

In one year = $94 \times 12 = 1,128$.

Therefore at 60 births per annum number of midwives = 18.6.

1st—14th January 1969

Domiciliary Births	16	16
Early Discharges (1-3 days)	$31 \times \frac{1}{2}$	16
Other Discharges (4-6 days)	$22 \times \frac{1}{4}$	6
Other Discharges (7 days+)	$61 \times \frac{1}{8}$	8
		46

In one year = $46 \times 26 = 1,196$.

Therefore at 60 births per annum number of midwives = 19.9.

		<i>December</i> 1967	<i>December</i> 1968
<i>Domiciliary Births</i>		40	31
<i>Hospital Discharges</i>			
1-3 days		49	64
4-6 days		70	53
7-10 days		92	146
Total		211	263
	<i>January</i> 1968	<i>1st—31st January</i> 1969	
<i>Domiciliary Births</i>	34	37	37
<i>Hospital Discharges</i>			
1-3 days	53	$74 \times \frac{1}{2}$	37
4-6 days	39	$51 \times \frac{1}{4}$	13
7-10 days	116	$139 \times \frac{1}{8}$	17
	208		104

ESTIMATE OF MIDWIVES

Allowing for holidays (42 days), Refresher Courses (1 midwife in 5) Sickness (1 midwife throughout the year), Rest Days (2 days per week) the following estimates are obtained:—

Number of midwives on duty per day

For 12 midwives = 6.5

For 15 midwives = 8.4

For 18 midwives = 10.3

RESIDENTIAL CARE OF THE ELDERLY AND PHYSICALLY HANDICAPPED

JULY

1. *Introduction*

The number of persons aged 65 years and over in Newcastle upon Tyne is estimated at 34,000 forming 13% of the population of the City. The 1961 census showed that 25% of persons aged 65 years and over in this City live alone, the national average being 20%.

Many elderly persons enjoy good health, and many with poor health live with and are cared for by their relatives. Those who are disabled or whose health is poor and can get little or no help from relatives or friends require community support to enable them to live in their own homes. Home helps and meals-on-wheels provide help in the house and with feeding. District nurses working in association with general practitioners provide nursing care, and are assisted by dressing attendants and bath orderlies. Rehousing, adaptations to houses or specific aids may be required.

2. *Residential Care*

For those who become increasingly frail, either mentally or physically, and who can no longer be adequately supported in the community, residential care or hospital care may be needed. Under the National Assistance Act local authorities have the duty to provide "residential accommodation for persons who by reason of age, infirmity or other circumstances are in need of care and attention which is not otherwise available to them".

In assessing persons for residential care the Senior Medical Officer (Geriatrics) and the social workers follow the guidance of the Ministry of Health in the memorandum on the Care of the Elderly in Hospitals and Residential Homes (1965), viz.

"The elderly people whom local authorities may need to admit or to retain in homes can broadly be defined as those who are found, after careful assessment of their medical and social needs, to be unable to maintain themselves in their own homes, even with full support from outside, but who do not need continuous care by nursing staff. They include:—

- (i) People so incapacitated that they need help with dressing, toilet and meals but who are able to get about with a walking aid or with some help by wheelchair.
- (ii) People using appliances that they can manage themselves or without nursing assistance.
- (iii) People with temporary or continuing confusion of mind but who do not need psychiatric nursing care.

They include also residents who fall ill, whether for short or long periods, whose needs are no greater than could be met in their own home by relatives with the aid of the local health services. Where the illness is expected to be terminal, transfer to hospital should be avoided unless continuous medical or nursing care is necessary. Some incontinent residents (other than those with intractable incontinence and disabilities, for which hospital geriatric care is appropriate) may also be manageable in a residential home."

3. *The Provision of Residential Care in Newcastle upon Tyne*

- (i) Since 1948 the Committee has developed residential care establishing residential homes as listed below with the date of opening and the accommodation available. A total of 420 places is now provided. The numbers in Elswick Grange had been run down until its closure in 1964.

			M	F	Total
Kenton Hall ..	1947	Adapted	—	36	36
Cedar Lodge ..	1951	Adapted	30	—	30
Adderstone ..	1953	Adapted	—	36	36
Eskbank	1952	Adapted	19	33	52
Hermiston ..	1955	Adapted	22	—	22
Orchard House ..	1956	Purpose built ..	—	38	38
Harehills	1956	Purpose built ..	29	35	64
Millmount ..	1963	Adapted	16	—	16
John Chapman ..	1963	Purpose built ..	16	24	40
James Clydesdale	1964	Purpose built ..	8	32	40
Elswick Dene ..	1964	Adapted	24	—	24
Shirley Lodge ..	1966	Adapted	—	22	22
			164	256	420

- (ii) In addition the Committee is responsible for 59 persons accommodated in homes provided by other local authorities or voluntary agencies as shown below:—

	M	F	Total
<i>Other Local Authority Homes</i>			
Langho Colony for Epileptics, Manchester ..	2	2	4
N. Garrow Home for the Blind, Northumberland	1	—	1
<i>Voluntary Homes</i>			
David Lewis Colony for Epileptics	1	1	2
Mugull Epileptic Colony	—	1	1
Jewish Blind Society Home	1	—	1
Royal School for the Blind	—	1	1
Oaklands North Reg. Assoc. for the Blind ..	—	1	1
British Legion Lister House	3	—	3
Matfen Hall	1	—	1
Chipchase Hostel	2	3	5
Victor House, Leatherhead	1	—	1
Convent of Good Shepherd	—	11	11
Eothen Homes	1	3	4
Church Army Home	6	—	6
Joel Intract Memorial Home	—	2	2
St. Mary's Convent	—	1	1
St. Margaret's Home	—	1	1
Bernard Baron Homes	—	1	1
St. David's Home	1	—	1
Bowland Lodge	—	11	11
	20	39	59

- (iii) To complete the picture of residential care available in the City the Voluntary and Private Homes which are registered with the Local Authority are set out below:—

Voluntary

St. Joseph's, Westmorland Road	190
Bowland Lodge, Western Avenue (Free Church Federal Council Eventide Home)	30
Marianville Good Shepherd Convent, Benton Park Road ..	11
Harrison Lodge (Governesses Annuity Society—Northern Counties)	14
British Polio Fellowship Hostel, Lindisfarne Road	10

Private

Coniscliffe, 39 Grosvenor Place	26
Maharg, 45 Sanderson Road	9
Wyneholme, 4 Osborne Avenue	14
White House, 83/85 Osborne Road	18
	322

Twenty-two of the residents in these homes are the responsibility of the Committee as detailed above so that there are a further 300 places in these homes. The proportion of Newcastle residents is not known.

(iv) *The Residents*

The average age of residents in the Newcastle upon Tyne homes is 77.3 years. 61% are women with an average age of 79.6 years, the average age of the men being 74.6 years. 28% of residents are over 85 years of age. On the other hand there were 46 residents under 65 years of age at the end of 1968 (11% of residents) and including the following handicaps:—

Physically Handicapped ..	22
Mental Subnormality ..	8
Mental Illness	6
Blindness	4
Epilepsy	4

The resident population is by no means static and the annual turnover is between 30 and 25%. This excludes short stay residents who are admitted usually to tide them over some crisis at home or to allow relatives a holiday, and who subsequently return home. A large number of residents are admitted each year to hospital, some return to the home after treatment, others remain or die in hospital. Since 1964 Dr. Grant has stimulated an increased flow to and from hospital to ensure that residents requiring medical and nursing care whether temporary or permanent should have it promptly. This also allows admission to Residential Homes of patients originally admitted to hospital who become suitable for residential care, but not for return to their own homes. Between 50 and 80 residents die in the Homes each year, others of course die after transfer to hospital.

Residents in Homes may retain their own general practitioner but often their new residence is outside the area of his practice and they then can go on the list of the general practitioner looking after a large proportion of the residents in the Home. The Medical Officer of Health arranges meetings with general practitioners who have a number of residents on their lists to discuss points concerning medical care of the elderly in Homes. Guidance on the medical management of their residents is given to superintendents at their quarterly staff meetings. They are encouraged to report mental and physical symptoms of deterioration to the general practitioner concerned, especially the onset of incontinence, wandering or aggression.

Those persons who are the responsibility of the Committee in other local authority and voluntary homes are a more varied group with a higher proportion of younger people. 44% are under 65 years of age. Many are in homes catering for particular handicaps. The incidence of various handicaps in different age groups is shown below.

	—30	30-49	50-64	65-74	75-84	85+	Total
Epileptic	1	3	2	1	—	—	7
Physically Handicapped	4	2	2	—	—	—	8
Mentally Subnormal ..	1	2	7	1	—	—	11
Blind	—	—	2	1	3	1	8
Deaf	—	—	—	—	—	1	1
Elderly	—	—	—	8	8	8	24
	6	7	13	13	11	10	59

(v) *Waiting List*

Family doctors, social workers, health visitors, voluntary workers, relatives, etc., refer persons thought to require residential care to the Social Services Section. These people are visited by a social worker to make an assessment of their social needs and by the Senior Medical Officer (Geriatrics) Dr. Joyce Grant, or Dr. L. Lombard, who makes a medical assessment. This often results in referral to the general practitioner or hospital services for more detailed assessment, treatment or rehabilitation. The provision of community services is re-assessed and those for whom residential care seems the correct solution are placed on the waiting list. In some cases there is some urgency and over 10% are admitted within a week. On the other hand for a third there is a delay of over six months. The average age of new admissions to homes is very similar to that of the residents being 77.4 years in 1967. Men are younger when admitted; average age of men 72.4 years, average of women 81.6 years.

The waiting list includes only those who are willing for residential care and who are so physically handicapped or mentally impaired that community care cannot meet their need. Loneliness in a fit person is not considered an adequate reason for offering residential care unless associated with depression which does not respond to medical management. Temporary care is offered wherever it seems adequate and every effort is made to limit residential care to a period of rehabilitation when possible. Most residents entering the homes with a higher staffing ratio and with lift accommodation have been assessed by a consultant in geriatrics or a consultant psychiatrist.

Obviously a waiting list of this sort is continually changing. When it was reviewed recently there was a total of 172 persons as detailed below.

WAITING LIST 31ST MAY 1968

	Men			Women			Total
	—65	65–80	Over 80	—65	65–80	Over 80	
In own homes	5	14	9	1	26	20	75
In hospital—							
Geriatric Unit*	1	4	3	4	7	12	31
Wooley	—	5	7	1	4	9	26
St. Nicholas	1	4	4	4	12	4	29
Other	—	—	—	—	1	1	2
In Private Homes	—	—	—	—	4	5	9
	7	27	23	10	54	51	172

*Newcastle General, Walker Gate, Lemington, Ponteland and Hunter's Moor Hospitals.

Two-thirds of the waiting list were women. While 43% were over 80 years there were 10% under 65 years of age. 88 persons on the waiting list were in hospital and would not be there if they could have been discharged elsewhere. Among the 75 persons living at home were 17 (5 men and 12 women) with high priority, i.e. unable to manage adequately even with maximum community services especially if needing supervision at night, or handicapped persons recently bereaved or deprived of care by a relative or friend for any reason. The only low priority cases were 19 persons (11 men and 8 women) living at home who needed care but were receiving it from relatives or friends. The health, however, of these relatives or friends was so poor that immediate admission might at any time become necessary.

Attendance at a Day Centre for the Elderly on one or more days a week can give essential relief to relatives and may stave off admission to a residential home. All persons awaiting residential care who are suitable for day care are offered this at John Chapman House. The Psychiatric Day Centre at St. Nicholas Hospital serves a similar function. Such centres do, however, place an extra load on the ambulance service.

(vi) *Developing Residential Care*

In the face of the increasing need of an aging population, the Committee has planned a programme to develop residential accommodation in new homes including Psychogeriatric Homes. Periodic review of the need for residential accommodation is essential.

The extent of the waiting list gives an indication of unmet need. The recent review of the waiting list shows 17 high priority cases in their own homes and 88 blocking hospital beds. Only 19 out of 172 persons on the waiting list were low priority cases. The present waiting list is probably unrepresentative of those suitable for residential care in Psychogeriatric Homes since no such home has yet been opened. The present need would appear to be between 120 and 150 extra places.

The following figures show the number of residents and the numbers on the waiting list at 31st December in recent years:—

	1964	1965	1966	1967	1968
Residents in our Homes ..	398	394	417	419	420
Residents in other Homes ..	54	51	60	59	59
On waiting list	119	134	124	239	172
Total expressed as number per 1,000 population 65 and over	571	579	601	717	651
	17.8	17.8	18.2	21.0	18.9

Eighteen places per 1,000 persons aged 65 and over would seem to represent a reasonable figure to meet the need for residential care accepting that the places provided or subsidised by the Local Authority are supplemented by others in private and voluntary homes. "Health and Welfare The Development—of Community Care" 1966 indicated that the plans of local authorities gave a national average of 20.2 places per 1,000 population of that age by 1971. On a basis of 18 beds per 1,000 persons aged 65 and over 620 beds would meet present needs in Newcastle upon Tyne and 10 more beds would be needed each year thereafter as long as the present annual rise in the elderly population continues.

(vii) *Capital Programme*

The effect of the Capital Building Programme on the development of residential care is shown in Appendix I.

Assuming the demand for residential care remains level the waiting list will be reduced by December 1969 to 60 when Ella McCambridge House, the Blakelaw Home and the Airey Terrace Psychogeriatric Home have been completed. By December 1971 the waiting list might hardly exist when the homes which have been included in the Ministry list for Capital Allocation have been completed unless the criteria for admission changes or the turnover falls.

The demand could rise when Psychogeriatric Homes are opened. Some of their residents would be elderly mentally infirm people at present accommodated in other residential homes and others would be people for whom there is at present no provision in the community.

The waiting list is obviously related to the vacancies which occur in homes. During 1967 there was a smaller turnover and this resulted in a longer waiting list and longer delay before admission. This trend seems less marked in 1968 but will need to be kept under regular review. (see Appendix II).

The 16 flatlets under supervision of wardens which will form part of the housing provision in the Cruddas Park Neighbourhood Centre will be completed in 1969. These flatlets might suit some persons on the waiting list and certainly might delay the need for residential care of others.

There could be some reduction of the number of persons supported in other local authority or voluntary homes as residential places increase in the City Homes. Younger physically handicapped persons in particular would be offered accommodation in the Shieldfield Home which will be associated with the Centre for the handicapped.

It is RECOMMENDED that:—

1. the present capital programme as approved by the Ministry of Health should be completed as soon as possible,
2. the home for the younger physically handicapped should be started as soon as the site in Shieldfield becomes available,
3. the next home for the elderly should be the Gloucester Street Psychogeriatric Home and planned for completion in 1972,
4. the plans for the Shieldfield Home for the Elderly should be held in reserve and reviewed in a year's time when the Blakelaw and Airey Terrace homes should be ready for occupation,

5. sites for the remaining homes in the Capital Works Programme should be reserved,
6. in two years' time if the national economy permits a detailed review of the adopted homes should be carried out and a replacement programme drawn up.

APPENDIX I

THE DEVELOPMENT OF RESIDENTIAL CARE

Year	New Homes Planned			Residential Places Provided			Popula- tion 65 and over †	Places per 1,000 persons 65 and over
	Site	Op- en- ing date	Ad- di- tional beds	New- castle Homes	Other Homes	Total		
1948						304	27,800	10.5
1965				398	51	441	32,600	13.8
1967				420	59	479	33,800	14.2
1968	Ella Mc- Cambridge House	July	40	460	59	519	34,400	15.1
1969	Blakelaw	Apr	48					
	Airey Terrace*	Jun	35	543 (521)	59	602 (580)	35,000	17.2 (16.5)
1970	Diana Street (Capital Allo- Allocation 1968/69)	Jan	40	583 (561)	59	642 (620)	35,600	18.0 (17.4)
1971	Cruddas Park Capital Allocation 1970/71)	Apr	45	628 (606)	59	687 (665)	36,200	19.0 (18.4)
1972	Glouster St.* Shieldfield (for younger Physically Handicapped)		35 30					
1973	Shieldfield		40					
1974	Benwell Lane* Woodlands		35					
	Crescent		40					
1975	Byker Shields Road*		40 35					

*Psycho-geriatric Homes

†Estimates as in Health and Welfare Development of Community Care 1966
(Figures in brackets apply if there is no replacement for Hermiston)

APPENDIX II

RESIDENTIAL CARE

	1961	1962	1963	1964	1965	1966	1967	1968
1 Discharges Home (short-stay)	28	27	30	41	57	46	22	(30)
Hospital	37	25	32	77	120	89	59	(85)
Deaths	59	80	105	51	84	57	50	(70)
	124	132	167	169	261	192	131	(185)
2 Admissions from—								
Home (short-stay)	28	27	30	41	57	46	22	(30)
Home (long-term)	46	77	80	77	71	64	35	(35)
Hospital	34	39	59	96	126	114	75	(120)
	108	143	169	214	254	224	132	(185)
3 Annual turnover (excluding short-stay cases) %	20	30	33	31	44	33	23	(35)
4 Residents at 31st December—								
City Homes	358	358	362	398	394	417	419	
Other Homes	36	47	45	54	51	60	59	
	394	405	407	452	445	477	478	
5 Waiting list at 1st January ..					119	124	124	239
Additions (less deaths) ..					269	154	247	
Admissions					254	224	132	At
At 31st December								31.5.68
In own home				64	65	69	94	75
In hospital				52	58	49	126	88
In voluntary & private homes				3	11	6	19	9
				119	134	124	239	172

(Figures in brackets estimated from first six months of 1968)

APPENDIX VI

NEW PREMISES OPENED DURING YEAR

SHERIFF LEES

Official Opening by

ALDERMAN DAME CATHERINE C. SCOTT, D.B.E., J.P.

ON FRIDAY, 6TH DECEMBER, 1968

During the last two decades, there has been no greater development in the field of community medicine than that seen in the care of training and severely mentally retarded children. Excluded from schools, described at first as ineducable, and later as unsuitable for normal education, these children became the responsibility of the local health authority.

At first Occupation Centres were established whose function was largely to provide diversional occupation, but as practical and theoretical knowledge was gained and the staff learned the potential abilities of their pupils, this "basket and matmaking" era was replaced by the present highly developed educational programme seen in most training centres. Whilst the children are slow learners they are not non-learners and certainly not ineducable.

In 1952 following the establishment of a part-time centre in Byker, the Newcastle Local Health Authority started a Junior Training Centre at Jubilee Road in premises that had been the old Princess Mary Maternity Hospital. By 1959 about 90 children were attending, transport being provided by the City Ambulance Services.

In 1961 Dr. Peter Morgan was appointed as part-time Consultant Psychiatrist, in conjunction with the Regional Hospital Board, to be responsible to the Medical Officer of Health for the local authority's mental health services. This was followed by the appointment of Mr. William Tuck as Manager of the Centres. The number of children attending the Centre increased to the present figure of 120, new teaching methods were introduced and an intensive scheme of staff training was commenced. Mrs. A. J. Gordon was appointed as Senior Supervisor in April 1965.

In October 1966 a Kindergarten Class was formed, taking children from the age of 2½ years, as it was felt that considerably more progress would be made in training if this is begun early. Dr. Morgan, Mr. Tuck and Mrs. Gordon have worked with Messrs. Napper, Errington, Collerton, Barnett, and Allott, the appointed Architects, to design the present Sheriff Lees Centre which has accommodation for 140 trainees.

The success of the training and education programme at the Junior Training Centre has been due to the co-operation between the staff and many other outside agencies. The establishment by Northgate and District Hospital of an out-patient Clinic within the Centre has been of great value, as has the advice and help given by the staff of the Percy Hedley School of Spastic Children, the Nuffield Child Psychiatry Unit, and Prudhoe and Monkton Hospital. Speech therapists, teachers, physiotherapists, psychologists, psychiatrists and social workers have all made valuable contributions to the Centre.

It is very gratifying that Alderman Dame Catherine Scott consented to open the Sheriff Lees Centre officially. Alderman Dame Catherine Scott has been particularly interested in all aspects of the Mental Health Service, and has been instrumental in the rapid growth of the service particularly since the introduction of the Mental Health Act, 1959. Dame Catherine was Chairman of

the Health and Social Services Committee from 1958 to 1964 and Chairman of the Mental Care Sub-Committee up to May 1967. Likewise the late Councillor Mrs. I. McCambridge took a great interest in the service and was Chairman of the Health and Social Services Committee from June 1967 until her death in March 1968.

The Building

The Training Centre is sited in the Blakelaw area adjacent to a residential estate. Much of the site was involved by road proposals to accommodate a future fly-over at the junction of the nearby roundabout. This restriction necessitated the planning of the building in a linear form. In order to emphasise the social aspects of the building in contrast to its private teaching areas, the design was evolved as three separated pavilions, the centre one being an Assembly/Dining Hall served with an ancillary kitchen and utility block. In this Assembly Hall all the social and public functions of the building will occur.

On both sides connected by links are the classroom blocks. To the south a two storey teaching block including six classrooms and three special instruction rooms together with supervisory and staff rooms. To the north end of the site the third pavilion is a single storey building devoted to two nursery rooms and two special care rooms with their associated toilet facilities.

Detached from these buildings with its own private garden and acting as a supervisory link to the immediate environment is the Caretaker's cottage. The site is defined by screening and staggered walls which will receive planting. The open forecourt is formed to permit vehicular access close to the school for buses, ambulances, etc. To the north there are two small play areas associated with special care and nursery and to the south a large playground immediately adjacent to the classroom block. The spaces between buildings approaching the links are being landscaped and will be planted to form open ended courts.

The contract building cost for the project was £87,000 with a total area of accommodation of 31,000 sq. ft.

Those responsible for the building were:—

Architects: Napper, Errington, Collerton, Barnett and Allott

Quantity Surveyors: Davis, Belfield and Everest

Structural Consultant: Cooper, Higgins and Partners

Mechanical and Electrical Consultant: Mr. F. M. Owsnett

Main Contractor: Edor Construction Ltd.

ELLA McCAMBRIDGE HOUSE

Official Opening by

COUNCILLOR MRS. A. L. STOREY, M.B.E.

ON WEDNESDAY, 24TH JULY, 1968

The Ella McCambridge House was designed to accommodate 40 residents, the resident Caretaker and his wife, and comprises a two-storey bedroom block, complete with special bathrooms and toilets, and a single-storey block for the reception area, offices, toilets, dining room, television room and sitting room.

The building is constructed of load bearing brick walls with rendered infill panels above and below windows and reinforced concrete floor slabs with plastic tiled finish.

With certain limitations, the aim has been to achieve an intimate and domestic atmosphere by the use of several small rest rooms and sitting rooms at each floor level.

Many special aids to the elderly have been incorporated, such as handrails along each side of the corridors, extra wide doors and ramps to all external doors for wheelchairs, conveniently placed switches and plugs, fibre glass escape chutes from first floor and specially designed staircases.

The lounges, dining room and kitchen are designed to accept a number of day residents who may wish to utilise the facilities of the Hostel.

Although located within an area of re-development, the residents are able to make use of the surrounding grassed and paved areas during fine weather and open views will be achieved over the future school playing fields.

Architect: A. E. Trofimov and Associates

Main Contractors: Shield Brothers Limited

APPENDIX VII

Just for the record . . .

HEALTH AND SOCIAL SERVICES DEPARTMENT NEWCASTLE UPON TYNE, 1956-69

One eighth of a century

1956

Dr. R. C. M. Pearson appointed Member of the Local Medical Committee. (*to date*).

Dr. R. C. M. Pearson appointed Honorary Secretary and Treasurer to Northern Branch, Society of Medical Officers of Health. (1956-1967).

1957

Dr. R. C. M. Pearson appointed Member of Newcastle upon Tyne Executive Council. (*to date*).

Newcastle upon Tyne Hospital Management Committee (*to date*).
United Newcastle upon Tyne Hospitals—

Member of Dental Hospital House Committee

Princess Mary Maternity Hospital House Committee
(*to date*).

1958

Introduction of Laundry Service for elderly and incontinent.
Dr. R. C. M. Pearson appointed Member of St. Nicholas Hospital Management Committee. (*to date*).

1959

Ten Year Clinic Programme

Opening of 'Harehills' Home for the Elderly (64 men and women) Medical Rehousing.

Dr. G. H. Whalley President, Northern Branch Society of Medical Officers of Health (1959-60).

1960

Dr. R. C. M. Pearson appointed Member of the Committee on the Problem of Noise (Ministry of Science). (1960-62).

Dr. R. C. M. Pearson appointed Member of the Clean Air Council (Ministry of Housing and Local Government) (*to date*).

1961

Commencement of Chiropody Service.
Dr. Peter Morgan appointed Consultant Psychiatrist.

1962

Fusion of Health and Welfare
'Meals on Wheels' Service.
Opening of Child Health Clinics at Fenham and Fawdon, and
combined School and Child Health Clinic at Kenton.
Holiday Home at St. Abb's, Whitley Bay, for 20 elderly and
physically handicapped persons.
Opening of Summerhill Hostel for 25 persons recovering from
mental illness.
Birthday Check-up scheme.
Smokers' Advisory Clinic
Scheme for Homeless families—opening of Lancefield House
Reception Centre.
Dr. S. M. Livingston President, Northern Branch, Society of
Officers of Health. (1962-1963).
Dr. R. C. M. Pearson President of the Newcastle upon Tyne and
Northern Counties Medical Society. (1962-1963).
Dr. R. C. M. Pearson President of the North of England
Paediatric Society. (1962-1963).
Dr. R. C. M. Pearson appointed Member of Health Committee
of Association of Municipal Corporations and its Adviser.
(*to date*).
Dr. R. C. M. Pearson awarded Fellowship of the Royal College
of Physicians, Edinburgh.
Mr. L. Mair, Honorary Secretary and Treasurer North East
Divisional Council of the National Society of Clean Air. (*to date*).
Psychiatric Clubs.

1963

Night Sitters
Dressing Attendants
Warden Service
Opening of 'Millmount' Home for 16 elderly men
Opening of John Chapman House (40 elderly men and women)
Occupational Health Service for Corporation Employees
Child and Family Guidance Service commenced
Dr. J. Grant appointed Senior Medical Officer (Geriatrics)
Miss O. S. Holliday appointed Principal Social Worker

1964

Move to Civic Centre
Opening of 'Elswick Dene' for 24 elderly men
Opening of James Clydesdale House (40 elderly men and women)
Closure of the old Workhouse, Elswick Grange
Scheme for examination for Cervical Cytology

Dr. R. C. M. Pearson appointed to Training Council for Teachers
of the Mentally Handicapped (*to date*).

1965

Atkinson Road Combined School and Child Health Clinic.
Ravenswood Combined School Health and Child Health Clinic.

Dr. R. C. M. Pearson appointed to the Advisory Panel on Child
Nutrition (Ministry of Health). (*to date*).
Dr. R. C. M. Pearson appointed to the Council for the Training
of Health Visitors. (*to date*).
Psychiatric Day Centre.

1966

Opening of Shirley Lodge, accommodating 22 elderly women.
 Survey on Diabetes in conjunction with Dr. G. O. Richardson.
 Dr. D. L. Wilson, appointed Principal Medical Officer (Adult Health).
 Dr. W. B. Shaw, appointed Principal Medical Officer (Child Health).
 Mr. H. M. Roberts appointed President of the National Association of Ambulance Officers and received M.B.E.
 Mr. A. P. Robinson, Chairman of the Northern Centre of the Association of Public Health Inspectors. (1966-67).

1967

Opening of purpose-built Ambulance Headquarters.
 Opening of purpose-built Adult Training Centre—
 Dame Catherine Scott Centre.
 Opening of 'Sunnycrest' Hostel, providing accommodation for 23 persons recovering from mental illness.
 Survey into Latent Rickets and Anaemia (instigated by the Panel of Child Nutrition).
 Miss A. C. Emerson, Deputy Superintendant HV/School Nurse received M.B.E.
 Dr. R. C. M. Pearson, President of the Society of Medical Officers of Health, and also President of its County Borough Group, Northern Branch, Welfare Group and Teaching Group. (1967-1968).
 Dr. D. L. Wilson appointed Honorary Secretary and Treasurer, Northern Branch, Society of Medical Officers of Health. (1967 to date).

1968

Opening of purpose-built Junior Training Centre, Sheriff Lees.
 Opening of Municipal Abattoir.
 Opening of Ella McCambridge House (40 elderly men and women).
 Introduction of fluoridation.
 Establishment of Family Service Unit in the City.
 Bacteriuria Survey amongst Schoolchildren.
 Dr. R. C. M. Pearson honoured by appointment as Honorary Physician to H.M. The Queen.
 Dr. R. C. M. Pearson appointed Member of Management Training and Development Working Party, Local Government Training Board. (*to date*).
 Dr. R. C. M. Pearson appointed Member of Local Authority Nursing Services Advisory Panel (Department of Health and Social Security). (*to date*).

APPENDIX VIII

SAMPLE CENSUS OF POPULATION 1966

The ten per cent Sample Census Report for the County of Northumberland has now been published and provides population and other figures for the year 1966.

The census was not a complete enumeration of all the people in England and Wales as in previous censuses, but of a ten per cent sample of the population present on census night, 24th/25th April, 1966.

Table I is a summary of the age distribution of the City population for the year 1966 with corresponding figures for 1961, 1951 and 1931. This table also shows the proportion of the population in each age group and gives a comparison for the year 1966 with the England and Wales proportions.

TABLE 1
City and County of Newcastle upon Tyne
Age Distribution of the Population 1931, 1951, 1961 and 1966

Age	Population				Distribution per 1,000				
	1931	1951	1961	1966	1931	1951	1961	1966	England & Wales 1966
All Ages	283,156	291,724	269,678	249,240	1,000	1,000	1,000	1,000	1,000
0-4	23,407	26,135	22,031	20,050	83	89	82	81	85
5-14	51,568	40,052	41,413	37,230	182	137	153	149	145
15-24	51,250	38,833	36,515	38,320	181	133	135	154	145
25-44	82,309	87,764	68,141	57,110	291	301	253	229	250
45-64	58,168	70,215	70,408	64,320	205	241	261	258	251
65-74	12,462	20,155	20,924	21,040	44	69	78	84	80
75-84	3,637	7,766	8,925	11,270	13	27	33	45	44
85 & ov'r	355	804	1,321		1	3	5		

TABLE 2
City and County of Newcastle upon Tyne Census 1966
(1961 figures in brackets)

Population: Total 249,240 (drop of 20,438 since 1961)
Male 118,830 (48 %) (129,506) (48 %)
Female 130,410 (52 %) (140,171) (52 %)

	Male		Female		Total Persons	
All ages	(129,506)	118,830	(140,172)	130,410	(269,678)	249,240
0-4 years	(11,281)	10,240	(10,750)	9,810	(22,031)	20,050
5-9 "	(9,891)	9,790	(9,567)	9,590	(19,458)	19,380
10-14 "	(11,145)	8,720	(10,810)	9,130	(21,955)	17,850
15-19 "	(9,122)	10,160	(9,307)	10,350	(18,429)	20,510
20-24 "	(8,813)	8,540	(9,273)	9,270	(18,086)	17,810
25-29 "	(8,477)	6,630	(7,815)	6,830	(16,292)	13,460
30-34 "	(7,978)	6,930	(8,016)	6,480	(15,994)	13,410
35-39 "	(8,977)	7,360	(8,941)	7,380	(17,918)	14,740
40-44 "	(8,760)	7,670	(9,177)	7,830	(17,937)	15,500
45-49 "	(9,015)	7,880	(9,716)	8,140	(18,731)	16,020
50-54 "	(9,074)	7,620	(9,737)	8,580	(18,811)	16,200
55-59 "	(8,358)	7,870	(9,481)	9,050	(17,839)	16,920
60-64 "	(6,691)	6,950	(8,336)	8,130	(15,027)	15,080
65-69 "	(4,932)	5,110	(7,020)	6,910	(11,952)	12,020
70-74 "	(3,437)	3,590	(5,535)	5,430	(8,972)	9,020
75+ "	(3,555)	3,770	(6,691)	7,500	(10,246)	11,270